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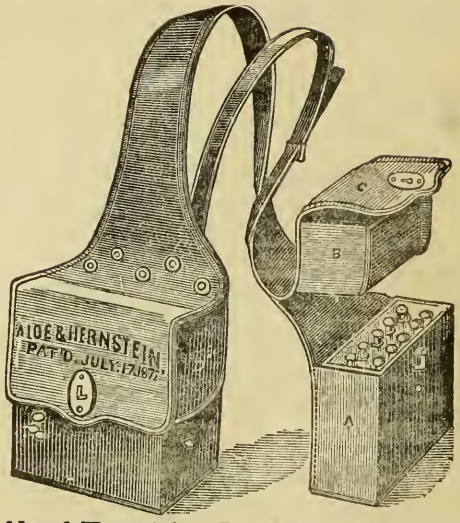

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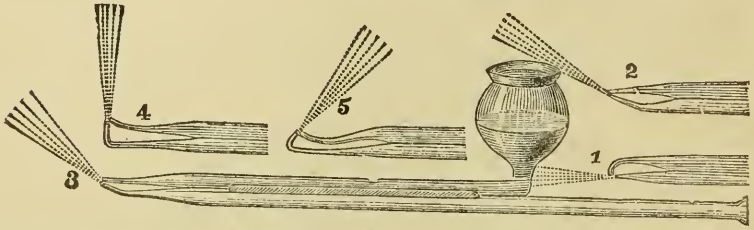

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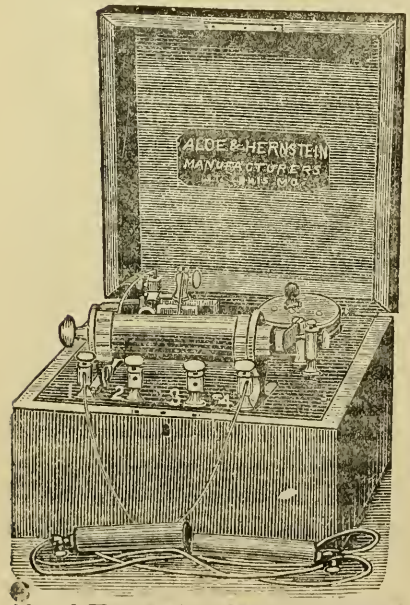

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Article XXXVII.

Surgical Malpractice.* By A. M. Powel, M. D., of Collinsville, Ill.

The increasing frequency of the allegations of malpractice in surgery, makes this subject one of great interest to nearly every physician, especially to those practicing in the rural districts, deprived as they are of the aid a nd counsel of expert surgeons While it is doubtless true that, in some cases, negligence or inexcusable ignorance on the part of the physician is blameable with bad results in surgery; yet, as a rule, those practicing the art are quite as successful as are the artisans in other walks of life. It may, therefore, be worth while to notice the chief causes leading so frequently to vexatious litigations and still more frequently to annoying threats of prosecution for alleged neglect or incompetency of the practitioner in treating surgical injuries.

Perhaps the primary cause is found in the fact that the popular mind expects too much of art. The laity it seems, cannot realize the fact that nature, with all the assistance that art gave her, never restores injured or destroyed parts to a state of absolute integrity. Hence, the shortening of a broken bone, the deformity of an injured part, or a remaining cicatricial mark is a source of dissatisfaction to the popular mind, and is an incentive to charge upon the surgeon all sorts of direlictions. This popular tendency is constantly kept alive and often fanned into a flame by the ignorant pretenses of those members of the medical profession who are rightly denominated charlatans and quacks, whether they be "regular graduates" or no graduates at all. These gentry are very commonly loud in their denunciation of the assumed shortcomings of their neighbors and equally loud in their assertions of the superiority of results that might have been expected had the cases been entrusted to *their* hands. Or if not thus loud in their averments, a less ingenious course is taken by resort to sinister remarks by spoken or acted innuendo,

* Read before the Madison Co., Medical Society, Oct. 25th, 1881.

and by other of those dishonorable little arts so common to that class of men, arts so easily recognised, but so hard to be met and overcome by honorable gentlemen. The ignorance of the popular mind on all medical subjects necessarily begets the prejudices of the people against the profession. This is evidenced by the commonly expressed opinions of the masses, and more particularly by the tone of the newspaper press—for how seldom do the public prints accord to the profession a moiety of that honor and respect due to it. The public mind is constantly trained to expect no good thing to come out of the Nazareth of the medical world, while the unfortunate dissensions among the votaries of the healing art, like those among teachers of religion, are well calculated to make sceptics of the masses.

The various facts above alluded to, when conjoined, bring about a condition of things favorable to the entrance of one of the main factors leading to unjust litigation between physicians and their clients; a factor more potent perhaps, than any other. I allude to the wiley machinations of that most despicable of creatures (excepting only the quack doctors)—the shyster lawyer like the vulture hovering near his prey, he quietly watches for his opportunity to pounce upon the purse of the unwary surgeon, and often after a conspiracy between himself and the creature of allied kind in the medical profession, a conspiracy in which all the elements of "addition, division and hard scouring" are fully entered into, he too often succeeds, assisted by the ignorance and prejudice of a *lay* jury, in filching from honest pockets a fat sum wherewith to satiate his greed. His appeals to the cupidity of his client, coupled with the poison already existing in said client's prejudiced mind is too much for the honesty of many otherwise honest men. If the element of honesty be lacking in the client, then all the better for the shyster's schemes. Another cause of frequent dissatisfaction to the popular mind leading to litigation, and more often to refusal of the patient to meet his pecuniary obligation to the attendant, is the tendency on the part of the surgeon to promise too much. This usually grows out of the exuberant enthusiasm of men who are commonly young and inexperienced; but is sometimes the result of a timidity of the surgeons, who dares not honestly say to his patient or his friends that no human foresight can see the results in his case, and so is led to promise what is often not attained, with consequences disastrous to his surgical fame and sometimes

to his pocket. Another phase of timidity is often exhibited by the attendant in his failure to exact implicit obedience to his requirements, and a full submission by the patient to his judgement as to the necessary procedure. Men often compromise their judgement, and with it their dignity and professional rights rather than relinquish a case on account of obstructions placed in their way by the patient or his friends. This course generally leads to its legitimate result—failure—and should a suit for malpractice follow, a plea that the surgeon was not allowed to do what he considered best, will receive little consideration at the hands of complainant, his attorney, or the average jury. The answer to such a plea will be immediate: the surgeon should have withdrawn from the case when thwarted in his proceeding. Of course, such answer is very difficult to gainsay.

While it is demonstrably true that a majority ofthe suits brought against physicians and surgeons for malpractice are and unjust, the result of some of the wrongful causes above alluded to, yet occasionally these suits are founded in justice and pretenders and even good physicians are rightfully made to suffer for ignorance or negligence. As long as human nature is constituted as at present, it will, perhaps, be impossible for the profession to guard against and prevent unjust attacks upon the reputation and purses of its members; but a clearer insight than is now possessed by most of us as to what the courts actually require of the profession would tend greatly to protect us against the impositions of designing clients and their unscrupulous lawyers.

There are certain pretty clearly defined principles which have so often been laid down by the courts which are to govern decisions in these cases that they have passed almost into definite laws. I shall briefly notice these, which may be summed up or formulated thus: The possession by the surgeon of a certain degree of learning and skill, and the faithful and diligent application of these, will be required. When the evidence shows that these requirements have been fulfilled by the attendant, he is entitled to acquittal. The surgeon is not to be held accountable in damages for bad results, merely, but only for bad results as a consequence of failure to possess and apply the degree of skill required. What is the degree of skill required? It is defined to be, not sufficient skill to *cure* a given case, indeed, not to *cure* at all; but such degree of skill as is *possessed* by members of the

profession, having due regard to the state of professional advancement at the time and in the vicinity of the case. The standard of skill is to be a practicable and attainable one in view of the current learning of the times, and in the locality. It is not to be measured by the highest degree attained by the most eminent in the profession, neither by the lowest, but it is to be an average skill. Neither is the skill of those located in remote districts, with few opportunities for observation, to be measured by that of those practicing in the great centres of population, surrounded by all the facilities for acquiring unusual attainments by frequent opportunities of observation and practical experience, as well as by the assistance and counsel of those similarly situated. The degree of learning and skill required is not *extraordinary*, but "*ordinary*," keeping in view the era and the surroundings.

So, too, the amount of diligence required is not to be extraordinary, not an unwonted amount of time and labor spent with the patient, or an unusual degree of anxiety and attention applied, but only ordinary, reasonable diligence. Not a sufficient degree of diligence to assure perfect results under all circumstances, but such a degree as will, under ordinary circumstances, obtain ordinary results.

Between any person holding himself out as a surgeon by card or otherwise, or by accepting remuneration for surgical practice, and a person who having received a surgical injury requiring by himself or his representatives and obtaining the services of the one so holding himself out as a surgeon, there is an implied contract to do and to suffer certain things. On the part of the surgeon the contract is to possess and apply a reasonable degree of learning, skill and diligence in treating the injuries of the other party involved, and on the latter's part it is to suffer the surgeon to proceed in what he deems justifiable measures to reach the best results attainable under the circumstances and to this end, to implicitly obey the injunctions and directions of the attendant. Neglect or refusal to do this on the part of the patient, releases the surgeon from responsibility, and he ought, in justice to himself, to claim this by an immediate withdrawal from the case. Want of the required skill on the part of the surgeon or his negligence in applying, subjects him to a just claim for damages,—and this whether the contract specifies a pecuniary consideration for his services, or not. A superficial view of this lat-

ter fact might lead to a demurrer as to its justness; but when it is remembered that presumptively, physicians and surgeons do not practice their profession for pecuniary gain, but for the good of their patient, the justice of such a position is at once recognised. Yet it is nevertheless true that the patient, no matter what the result may have been, (unless it have been bad in consequence of proven want of skill or diligence, or both,) is in honor bound to tender the physician his fee for services performed; and while this is really an "honorarium" *and not pay for services*, the courts will enforce its collection as a matter of equity. No amount of money can repay the practitioner for the responsibility, and the anxiety and the labor incident to his care of a patient. Yet, as his personal and family necessities require the expenditure of means, it is his right to exact an *honorarium*, and the law as before said, will enforce its collection.

Returning to the subject of the requirements of the law, it may be asked how, in a given case, is it to be ascertained whether or not the required skill and diligence has been exercised. This is an important question upon which the whole matter rests. It is not a question of law, but as the jurists term it, a "question of fact," and, like all other questions of fact, is decided by the jury. This statement at once brings into view the absurd injustice of the law in permitting the judgement of a non-professional jury to pass upon a fact requiring professional judgement for its determination. Our bill of rights guarantees to every man when accused, a trial by *a jury of his peers*, yet here we see professional and scientific questions, often involving the very subtletest and nicest distinctions, submitted to the decision of non-professional and unscientific minds, and often to those blinded by the grossest ignorance and prejudice! The only circumstance that can relieve this state of things from the charge of bald, stolid injustice is the fact that expert professional men may be allowed to testify by way of assistance to the jury in determining facts.

In view of the many unjust and vexatious suits brought for alleged malpractice, it becomes a matter of great importance to the profession to seek some means of protection against such injustice. It is not enough to say that, as a rule, the innocent usually escape judgement for damages. There is something that any honorable man values infinitely above dollars and cents: his reputation. This can, with perfect impunity, as the law now stands, be attacked and smirched by any irresponsible and design-

ing person, and without any recourse whatsoever, for the injured physician. We all understand that a suit of this kind, however unjust, necessarily works great detriment to the professional reputation of the party sued, no matter how clearly he may establish his innocence of the charge. Justice demands that there should be greater restrictions embodied in the laws, whereby it would be made more difficult to institute vexatious suits, and provision should also be made for the punishment of parties who have, from malice or from motives of speculation, been privy to, or concerned in the institution of such unjust litigation. There is but one way to bring about these desirable changes in the law, and that is by agitation. The medical profession surely is entitled to, and I believe possesses, sufficient influence if we would but exert it, to have framed and passed by our legislative bodies such laws as we are justly entitled to for our protection against the snares of mean and designing speculators against our good name and our purses.

Article XXXVIII.

Criminal Abortion.* By Jno. S. Pearson, M. D., Louisiana, Missouri.

Criminal Abortion presents itself to our consideration under two leading thoughts, to wit: as practiced outside the profession, and secondly, as practiced under the pale of the profession; for we must confess with shame and regret, that there are those who call themselves physicians, with diplomas, and licensed by reputable medical colleges, who lend themselves to this great crime in total perversion of their true mission. The relation of our subject to the former class, comes indistinctly to the physician's notice by a *reflex modus*, and results in profuse hæmorrhages or in broken down constitutions, or in life-time uterine and nervous disorders, entailed in the brutal practice of the base perpetrators of the crime. As to the significance between abortion, miscarriage and premature labor, they are of little import to us in our subject, as they each are the termination of the same process at different periods of development, resulting in the separation and expulsion of the product of conception, either viable or non-viable, and are criminal in design, effect and result, when wilfully and knowingly done, either to avoid the consequenses of wrong-doing, the exposure of former crime, or the inconvenience of child-bearing.

We have in our midst in criminal abortion, an evil of wonderful extent; destructive alike to social and family relations, of unsuspected magnitude, and being practiced on the young, as those more advanced; on the single, as alike the married; by professional and non-professional, whilst the perpetrators and subjects thereof, scarcely consider the crime seriously, but try to evade the idea of criminality or wrong-doing in the act.

The corrupt sentiments, the depraved status of society are in antagonism to child-bearing. Married ladies in the higher, as the lower circles of society oppose having families, it is inconven-

* Read before the Linton District Medical Society, Mexico, Mo., November 8, 1881.

ient, it interferes with their pleasures and visiting, comforts and ease; hence on the first, or at most the second monthly interruption, they seek its restoration by mechanical interference in breaking the continuity of fœtal envelopment; hence abortion and death result therefrom.

Misfortune overtakes one belonging to a respectable family. She has strayed from virtue's path, or the seducer under promise of marriage or otherwise, has despoiled her of her *richest pearl*, her most *precious jewel*, and shame awaits the development. Is it a crime to relieve the wanderer, and restore the fallen back to virtue's path? lost virtue like lost time, never returns. The subject pleads: "I have taken a deep cold, I have missed my periods, cannot you give me something to bring me all right again?" Ah! crime is too often lurking there, and death may in those periods be concealed.

From the country home, from our pleasant villages, from the gay and festive social circles, one and another may be for a season missing, visiting the large cities for the treatment of a *specialist* in her line of trouble; perchance she may be returned a corpse, or perchance a wrecked invalid for life. How many physicians, long in practice, whose ears are strangers to similar facts, and how many turn from the proffered bait?

Or, take the position that abortion done *at any time* from the moment of conception to the full term of utero-gestation with the design of destroying the product thereof, is virtually and actually the taking of life, and hence the foulest and grossest of murders, on whomsoever practiced or by whomsoever done. Is it a crime to produce abortion? Why may I not? Do you ask me is it a crime to meet the possessor of gold and your equal upon the highway, and *slay* him for the gold? Coveteousness, thirst for gold, led to and was the incentive to action, to possess yourself of that which belongs to another, induced the *slaying*. Was *it* right? was it no crime? Then tell me, is criminal abortion a single crime?

The product of conception is life; vital processes are ever in progression—the germ itself has life, is a *living being*—the same forces are all in active development from that moment until death; true the conception may have dependent vitality for a term, and independent vitality subsequently; so is all vitality, vegetable or animal, dependent upon these relations; but these

products are alike stages of living animal organisms and their destruction is death and the crime thereof is murder.

The jealous and fearful Tetrarch who sent forth and slew Judea's innocent children, caused keen anguish and sorrow to weeping mothers; but the slayer of the helpless and innocent offspring of the mothers of the nineteenth century is attended by no weeping, no lamentation, no apparent remorse or grief as seen by the human eye; nay, the rather a species of relief and exultation are too often apparent. But if the production of abortion is wrong and criminal by the subjects themselves, and those without the profession, it is doubly vicious in the physician. Why? Let us consider the sphere of the physician—his scope. What is his mission to others in life? What to himself as a reasonable and reflective being? Obligations arise, exist and assert themselves in all the varied relations of life, and are peculiar to each calling therein. The higher, the more responsible and sacred the calling in life, the greater and more sacred the duties and obligations.

The physician's calling is peculiar in that it proposes to protect and preserve human life, and remove as far as human agency is concerned, the ills to which flesh is heir, to alleviate the pain and suffering incident to mankind, and make life more pleasant, desirable and useful. The broken and violated laws of physical organizations daily present themselves for his restorative skill, and his highest aspirations go out for their successful accomplishment. It is contrary to his office to produce pain, and suffering, it is in opposition to his mission to cause disease or to destroy life; for his is preëminently the art preservative—the science restorative. The physician who departs from the sacred obligations of this profession and lends himself to deeds of darkness, death and destruction, arraying himself against the laws of natural life, terminating that life, degrades that profession, stains his hands and character with human blood; and in producing, aiding or abetting knowingly, is worse than the highway robber and murderer, who slays his fellow man for the possession of his goods—nay he is less—worse when a man, for he who commits abortion is the taker of helpless and innocent life, unprotected, unprovoked and without excuse; he kills for the pay he gets, for gold, while the man in the former instance stood some prospect for self-protection and self-defence.

Criminal abortion is a triple crime—by the producer, on the subject, against the being though unborn, yet murdered.

It is a crime against society, against humanity, against the sacred ties of family and kindred, against human government; it is a crime against the All Wise Creator who has declared that "who so sheddeth man's blood, by man shall his blood be shed."

Article XXXIX.

Nervous Shock as a Therapeutical Agent. By Romaine J. Curtiss, M. D., of Joliet, Ills.

[concluded]

Case III.—Master W., aged nine years; when I was called to see him this patient had been ill about three months with hystero-epilepsy. At time of my visit, the left arm was rigid, hand flexed, with almost the appearance of the contracture of paralysis. The left lower extremity was rigid as a stick. During the three months of his illness he had several convulsions or rather series of convulsions, and had taken a great deal of worm medicine. He was taking at the time of visit, ergot and bromide of potassium, the diagnosis being spinal meningitis. I had just read Sayre's report of nervous disease depending on phimosis and cured by circumcision; his theory being that the retained and dried secretions—smegma—above the glans was the source of irritation which originated the nervous disease, and the removal of which by circumcision cured the disorder of the nerves. I naturally examined the penis in this case and found the characteristic long prepuce, phimosis, and I thought I could feel the smegma, the very *corpus delictu* in the case. I recommended circumcision which was declined by the physicians in council, and the parents, pending further consideration.

In the meantime I wrote to Dr. Sayre and to Dr. Hammond, relating to the case. As I expected, I received, very kindly, a letter from Dr. Sayre stating his belief that phimosis was the cause, and circumcision the cure; but Dr. Hammond stated that nobody but Dr. Sayre believed that phimosis ever caused such diseases, or that circumcision ever cured them, that some of Sayre's reported cases were actually Jews; and recommended bromide of zinc. Soon after this the case was turned over to me and I prescribed the bromide of zinc, but could not dismiss the brilliant results of Sayre's operations from my mind. I still felt the smegma, noted the long prepuce, and the phimosis, and

discovered further that whenever the penis was touched, however slightly, an instant erection would follow, of only momentary duration, which could be repeated several times a minute. I was perplexed to know on which end of this cart the horse could be hitched, and "tendon reflex" not then having been invented or discovered as a symptom relating to spinal disease, I was the more unsettled in decision, but decided to make the operation, and remove the source of irritation. On cutting off the prepuce and drawing the stump over the glans I found no smegma as expected. The parts were, in fact, clean. I thought the operation a vexation of spirit, but almost immediately the patient began to improve and in ten days was apparently on the high road to recovery, when he was attacked by facial erysipelas and died.

I do not think now from the further experience I have had in these cases, that the nervous disease affecting the muscles was reflex from genital irritation, but was a centric nervous disease; nor can I account for the rapid improvement following the operation in any other way than that the shock to the nervous system acted therapeutically.

Case IV.—The causes of dysmenorrhœa are doubtless as complex as the physiology of the function itself, with the added complexities of other incidental diseases. The affection is described as obstructive, or painful from mechanical reasons as flexion, prolapse, and procidentia, from stricture of the cervix, uterine varicose veins, constricted *os tincæ*; congestive, from engorgement of uterus, ovaries or cellular tissue; inflammatory, from various forms of pelvic inflammations; and without doubt many cases of dysmenorrhœa are purely nervous in origin. Much surgery has been performed on the conoidal cervix with contracted os, and much good has been accomplished in relation to dysmenorrhœa even when the result of the operation has been a further contraction of the cervix by cicatricial tissue and a still more elongated pointed cervix, which certainly ought to result in still more dysmenorrhœa if the theory of the cause was correct.

These facts are so generally known that argument and cases are not required for proof. Instances are numerously reported in which bilateral section of the cervix uteri for sterility and dysmenorrhœa has been made, the object being to manufacture a wide patulous *os tincæ*, and the result has been a cicatricial con-

traction of the os, making it smaller than before, while the dysmenorrhœa has been cured. A theory to account for these results is that an inflammatory condition existed previous to the operation which was relieved by the loss of blood, and that the reconstruction so to speak, of the uterus following the operation caused the cure of painful menstruation and sterility. There may be some truth in this theory, though it is not very evident that one such bleeding could cure an inflammation, even if present, nor is there known to be any reconstruction of the uterus following such operation except the cicatrix. In my opinion the generality of these cases so operated on, were of nervous origin, and the operation resulted in a cure by reason of the therapeusis of nervous shock, as in the case of Mrs. B., aged 34 years, married nine years, was sterile, hysterical and had dysmenorrhœa. An examination revealed the conoidal cervix, a small virgin os, no abrasion, no mucus of any account in the cervical canal, and no displacement. Bilateral section of the cervix was the fashion and was made , and, as is the case in all such operations I have ever seen or made, the cervix contracted to such an extent (cicatrices always contract), that I could only with great perseverance and difficulty introduce a small silver probe through the canal. This lady's next menstruation was painless, and in three months she became pregnant, and now has six children. I attended her in three confinements. I believed at the time that the contracted cervical canal was the cause of her troubles, but I think now, other things equal, that spermatozoa could crawl through the cervical canal equally as well before I cut it as afterwards, if the size of it was a factor in the case, nor can I understand even yet why a cicatricial pathway is more attractive to a spermatozoa than the soft mucous road provided by nature. I believe now that in this case, and twelve similar ones which have occurred in my practice, that the reconstruction of organic tissues resulting from these operations and in cases of sterility and dysmenorrhœa, were not owing to the cicatrix formed but were brought about through changes in the nutritive powers of the nervous system induced by the shock of surgery.

In the *Boston Medical and Surgical Journal* for November, occurs a report of the Neurological Society of New York, for Nov. 1, 1881. At this meeting Dr. Langdon Gray read a paper on the subject of the effect of genital irritation in the production of nervous disorders. He gave a *resumè* of the history of

th s subject, stating that the first paper attracting the attention of the public to the subject, was by Mr. Stanley in 1833, who found that in many cases of nervous disorder there were marked lesions of the genito-urinary apparatus, while none could be discerned in the spinal cord, and concluded therefore, that the trouble was reflex. This dictum was accepted by the profession until in 1856, when the now Sir William Gull declared that Stanley's cases were utterly worthless as proofs.

It may be observed here that Stanley's reports do not state that the verification afforded by cure of the lesions was given as were Dr. Sayres. S. W. Mitchell in 1861 coincided with Stanley's critics, and said the lesion of the spinal cord in his cases must have been microscopic, and further that the genito-urinary lesions might have been due to the diseases of the nervous system. Brown-Sequard, however, said Dr. Gray, had lately appeared as champion for Stanley, but the opinion of the profession had taken a turn against Stanley until the reports of Dr. Sayre on want of co-ordination and paresis had appeared, when another reaction of the professional mind had set in, and one physician had gone so far as to report the cure of cases of cerebral softening and insane paralysis by circumcision. Dr. Gray then went on to criticise Dr. Sayre's cases singly; in part of them denying that there was any lack of co-ordination, and in others, that there was actual organic disease as myelitis of the anterior horns, while others were cases of meningeal hæmorrhage with softening, and were not cases of reflex disorder as supposed by Dr. Sayre.

To account for the benefits of circumcision in these cases, a fact which cannot be disputed, Dr. Gray believed that the rest afforded to patients by the removal of a source of irritation from an exquisitely sensitive organ was really the source of benefit. Obviously this theory can prove nothing but the theory of reflex nervous disease. But Dr. Gray goes on to say that the tearing and cutting in these cases, when circumcision is performed, makes a decided impression upon the nervous sytem, acting in the same way in which a fit of intoxication has been known to do in breaking up an attack of *tic doloureaux*. Dr. Gray is very near the true theory of the therapeutics of these cases when he cites a case of epilepsy and kleptomania which was cured by removal of some old cicatricial tissue from the scalp. Certainly in this case the cure would not be accepted as a verification that the kleptomania

and epilepsy depended upon co-existent cicatricial tissue of the scalp.

Dr. Gray, while denying the theory of reflex paralysis in these cases, advocated the operation by circumcision when it existed, or whatever other operation might be required to remedy disease or deformity of the genital organs, which was co-existent with nervous disease.

Dr. Sayre replied to the paper of Dr. Gray, stating that he had thought before hearing the paper that he was the first in the profession to call attention to this matter. He read a number of extracts from letters of physicians written to him in which successful cases were reported in the treatment of nervous disease by circumcision. He declared that his observations were so large in cases of this kind that he was unprepared to believe that organic disease was present in at least but very few. He cited a case in which paralysis was caused by tying a string around the penis, and which disappeared when the string was removed. And a case sent to him by Dr. Knapp with atrophy of the optic nerve, who had phimosis and was perfectly cured by circumcision. Obviously atrophy of the optic nerve is not simply a result of a reflex irritation without organic change, nor do the two reports of Dr. Sayre pretend to limit the nervous disease, produced by reflex genital irritation to functional disorders.

Dr. Otis next states his belief that there was something more in the relations of genital irritation and nervous disease than coincidence, and that the same fact held good in relations between a removal of genital irritation, and the disappearance of the nervous disease. Dr. Otis cited a case of epilepsy cured by dilatation of the meatus urinarius, a case of melancholia in a gentleman which was benefited by a series of such dilatations and cured entirely by a cutting operation; a case of apparent hip joint disease with atrophy of the limb which was cured by circumcision and dilatation of a contracted meatus. Dr. Sturgis thought the verdict of not proven would apply to Dr. Gray's cases, as well as Dr. Sayre's, and that in Dr. Gray's paper, the point made was, that in such cases as reported by Dr. Sayre, the disease would return.

Dr. Seguin remarked that he had never seen a case of paralysis from genital irritation; yet did not deny the possibility, and stated that Dr. Jacobi had never met with such a case. Dr. Geo. M. Beard remarked that he had drawn two conclusions, viz.: that in

the vast majority of cases the presence of phimosis and contracted meatus, bore no relation to the general health, or nervous diseases; and that only in a few cases could the brilliant results achieved by Drs. Sayre and Otis be obtained and that these operations often did harm.

The most striking feature of this discussion is the entire disagreement of the participants. The question is raised relating to the difference and likeness of functional and organic disease. And this difference is asserted to be so great, of course in kind, that it is made the ground upon which the conclusions of one gentleman are refuted by another. It is remarkable that any two physicians engaged in the same line of practice and study should observe such different results in the same methods of treatment, and in studies of the etiology of disease. It is undoubtedly true that in a discussion of this sort, on a scientific question not yet proven to be true or untrue, that no positive agreements could be arrived at, and more especially when the personal equation is taken into account. It is safe to conclude, from indications based upon all such cases given in this discussion, that nervous disease may result in genital deformities, and that genital deformities may result in development of nervous diseases; that the cure of nervous diseases may cure the genital irritation, and removal of genital irritations may cure nervous diseases; that the physician who treats all nervous diseases, with co existent genital irritation, by the usual methods, may do good to both, and possibly harm to either, and the physician who treats genital irritation with co-existing nervous disease by surgery, may do good and possibly harm. It is to be expected that when a scientific question lacks the essential varification required to make it a science those observations from only one side of it, and of different sides by different observers, can only give corresponding results.

At present, there is probably no more evidence that a contraction of the meatus will cause epilepsy, than that the nervous disease, of which epilepsy is a symptom, can cause a contracted meatus. It may be as scientific to infer that a diseased trophic nerve, even embryonic, may cause a phimosis, as that a phimosis may cause atrophy of the optic nerve, and the same I think will hold good in that other remarkable case cited, and we may well question whether a contracted meatus caused apparent hip joint disease with atrophy of a limb, or whether a nervous disease

caused them both, or a real hip joint disease produced a contraction of the meatus, and an atrophied limb. From the fact that clinical reports and the discussion quoted do not establish scientifically the real relations of genital irritation and nervous diseases, and from the fact they also do not as a consequence, establish the philosophy of the therapeutical effect of surgical operations upon the genitals as related to nervous diseases, it becomes necessary to seek some other explanation than these disputed ones, and I think the likeness of this effect to other established therapeutical facts will warrant the conclusion that in such cases the benefit to the nervous disease is produced by nervous shock!

A nervous shock, to be therapeutical, must differ from nervous stimulation only in degree, and this treatment in these cases, bears a very close analogy to the established fact that stimulation of the nerves in organs which receive their termination, as the muscles for instance, by the electric current, exert a beneficial effect—a curative effect—upon diseased nerves, and their centres. In my opinion the cases cited, of cure of atrophy of the optic nerve by circumcision, and of melancholia by dilatation of the meatus, are instances in point, and to further illustrate this law deductively, I will cite:

CASE V.—Mrs. —— aged 74 years, when she was 71 years old, now four years ago, had an attack of right hemiplagia. From the history I concluded the cause was not hæmorrhage. Sensation and motion were entirely abolished in the arm, and the hand was contractured. There was some sensation in right side, and lower limb, and she had power to flex and extend the limb from the hip joint to a limited degree. The foot was inverted upon the ankle joint. She had never attempted to stand since her attack three years before. During past two years her mind had become impaired—the manifestation being amnesic aphasia. She first gradually lost the power of making herself understood, and then of understanding what was said to her as well. This was particularly noticeable from the fact that she was much given to reading, especially the newspapers, which practice she ceased from evident inability to gather ideas from language. She would pick up the paper and try to read, and in a short time shake her head sadly and give up the effort.

I treated this lady for sixteen months using no remedy but

electricity to the paralyzed muscles, and a club foot apparatus for her foot. After six months treatment she began to walk, the muscular power and sensibility of the right side, except the arm, continued to improve while she was under treatment until the action of the lower extremity was remarkably good: the arm remained the same. But the surprising results of this long continued stimulation of nerve ends and muscles was the almost entire cure of the aphasia. She began first to read the newspapers, and the first idea she got from this source known to her friends, was that Grant was in Egypt. From this time she gained confidence and began to talk again, and her aphasia was removed to a greater extent even than was the paralysis.

In the treatment of this case the partial relief of the paralysis, and the cure of whatever lesion caused the aphasia, there was no remedy used but the indirect current of electricity which was applied only to the affected muscles. The result proves the proposition, as well as anything in medical treatment can be proven, that nerve stimulation and shock are very valuable therapeutical factors in the treatment of nervous diseases.

It may in time be observed that the operations of iridectomy, or that for pterygium, will have as beneficial an effect upon atrophy of the optic nerve, when eye deformities and atrophy co-exist, as the operation of circumcision has been known to have, when phimosis was co-existent with such atrophy; and I believe that the theory of cure by nerve shock in these cases, acting independently of cause and sequence, will be established by verification to be the true therapeutical philosphy.

Article XL.

Case of Hemiplegia and Aphonia, Precipitated if not Caused by the Rarefied Air of Great Altitude. By C. H. Hughes, M. D., of St. Louis.

In Aug. 1880, Dr. —— was up in the mountains of Colorado, about 13,800 feet above the level of the sea, one morning, when he was suddenly stricken with right hemiplegia and and aphasia. He is now so recovered that he can write short and familiar prescriptions legibly, but can not write a letter without an amanuensis.

While ascending to Vita Pass between Alamosa and Pueblo, a great many of the passengers in the car had nasal and pulmonary hemorrhages, but he was exempt and "felt first rate," as he expresses it. The day he was stricken was a beautiful, clear, bright day.

He thinks he had contracted syphilis eighteen months previously from a patient, having got the virus in a recent eschar on his wrist, caused by a burn from a student's lamp. Patient was twenty-six at the time he was seized. I think the notion about syphilis is a delusion entertained by him only since the hemiplegia appeared, as he points to the site of a venus plexus on his arm as the place of the eschar, and it exhibits no evidence of having been a venereal sore or in fact, of any kind. He has had none of the ordinary evidences of syphilis, which however, is not uncommon when the nervous system is profoundly involved.

The treatment consisted essentially of half grain doses of proto-iodide of mercury at night, and iodide of potassium and the bromides, the latter in thirty grain doses, the former in one to two drachm doses three times a day. The patient began to improve after he had taken treatment one week, and has so continued until only some embarrassment of speech under circumstances of mental excitement, and mental inadequacy to prolonged mental effort, remain.

There were respiratory embarrassments in this case, in its early history and cardiac irregularity, the latter slightly persisting, but no organic lesion is there apparent. So far as we could discern, the hemiplegia was the result of apoplexia rather than syphilis, whether or not there was a syphilitic factor of which the evidences are slight. The fact that iodide of potassium was largely and beneficially employed, does not prove the case to have been of venereal origin, though in using it, a necessary indication was filled, while the patient received the benefit of the doubt as to the factors of causation. He did not do well, however, when the bromides were omitted.

Article XLI.

NOTES ON CASES IN GENITO-URINARY SURGERY.

—Case No. VI.—

Irritable Stricture of large Calibre at the Bulbo-Membranous Junction.—Chronic Prostato-Cystitis.—Old Gonorrhœa and Gleet.—Careful Dilatation.—Great Improvement Almost Amounting to a Cure. By W. Hutson Ford, M. D., of St. Louis.

February 4, 1880. Mr. G. H. C——, aet 50, a large, well developed man though somewhat haggard. Married, with one child; a gonorrhœa 30 years ago. followed by a gleet which was treated by deep urethral injections. Some years ago was obliged to ride long distances on horseback, and within three or four years has been affected with dull pain in the back, sensations of chilliness and frequency of urination. The stream has been getting steadily smaller. The prostate is normal. There is no residual urine. There is no stone. Suffers from a painful hæmorrhoid which is extruded at stool and sometimes bleeds. Has had no bleeding by the urethra, but there is pain during the last moments of the act and for some minutes afterwards. He is a bilious subject. The urine is high colored, very acid, deposits some mucus but no pus. B. B. 37 passes down to bulb. Urethra very irritable. B. B. 23 is strongly grasped in passing the bulbo-membranous junction. B. B. 22 passes with tolerable ease.

Advised intermittent dilatation, and if the stricture should prove irritable or resilient, urethrotomy. For the present, hot hip baths every night. Flannel around the loins.

Feb. 7. C. S. 26 would not pass bulb. The stricture is dense and unyielding. The sound was engaged in the stricture and left for three minutes.

Dilatation.

Feb. 10. C. S. 23 passed into but not quite through. Ordered capsules of copaiba and cubebs. Vichy water through the day. Hot hip baths at night.

Feb. 13. C. S. 23 and C. S. 27 passed. C. S. 29 engaged.

Feb. 15. C. S. 29 passed through. No pain in the back since

the last passage of the sound. Eyes yellow. Cholagogue pill and aperient next morning.

Feb. 17. c. s. 29 passes easily through. Pain in the back not felt since last introduction.

Feb. 20. c. s. 29 passes easily. c. s. 31 engaged.

Feb. 24. c. s. 31 passes. There has been some irritation about the urethra and rectum, which yielded to a mercurial and saline aperient.

Feb. 28. Has been feeling decidedly better. c. s. 31 passes. 33 engaged for three minutes.

March 3. c. s. 31 passed but somewhat tightly. The pain in the back has disappeared, leaving, however, some sense of weakness.

March 7. c. s. 32 passed easily.

March 11. c. s. 33 passed with freedom.

March 16. c. s. 34 engaged. c. s. 33 passed easily.

March 21. c. s. 34 passes with difficulty. Some pain in the back no doubt due to the use of the 34 sound.

March. 26, c. s. 34 passes without much resistance. Pain in the back continues: Cholagogue pill. The pain in the back is relieved temporarily by the passage of the sound.

March 31. c. s. 34 passed still more easily. Has been using massage but without any benefit, for the rachialgia. Passes water but thrice during the day, and can go all night without micturition if he so wishes. Looks and feels better.

Massage without benefit.

April 5. c. s. 34 passes still more easily. Scarcely any pain except a dull sensation which he refers to the prostate. Has not got up to pass water for the four past nights. Looks better.

April 11. B. B. 33 shows constriction at the bulb, but c. s. 34 passes without obstruction. The stricture is somewhat resilient. The urine is slightly acid, of good color, but shows shreds of mucus.

April 14. B. B. 33 also defines stricture one inch down, also another band just in front of the scrotum (peno-scrotal angle) c. s. 34 passes with difficulty: There is a good deal of irritation about the urethra and rectum.

April 17. He has had an attack of congestion of the rectum, urethra and neck of the bladder founded in biliousness. This was successfully met with leeches to the perineum, suppository of opium and belladonna, abstinence and quinine.

May 12. Has been doing well enough. The pain and chilliness in the back are nearly gone. He does not pass water at night, does so but three times during the day.

July 1. After this the symptoms steadily improved. He passes a 34 conical sound about once in ten days or two weeks.

Improvement.

Sept. 5. Has been doing only tolerably well of late. The urine shows some cloudiness. Advised him to get rid of his hæmorrhoid, and to open the bowels freely with mercurial pills containing podophyllin, and a saline draught next morning. Also advised him to pass the sound twice a week.

Prostatic Irritability More Frequent Use of the Sound.

Sept. 11. Doing very well but is obliged to pass water, every night. Advised some anti-bilious medicine, and the passage of the sound every alternate night for the next week.

Sept. 29. From the date of last note (Sept. 11,) the patient passed a No. 33 short curve c. s. every other night for a week then a long curve 33 c. s. for a week, and finally since the 23rd. he has passed a short curved c. s. 34 every night. His symptoms are very greatly alleviated; no irritation whatsoever has been induced. He is now to use a short curve blunt No. 35, which he is to pass every night for a week or two.

July 1, 1881. The patient calls for the first time in several months to say that he has had some irritability of the bladder of late. Has been passing the sound at intervals of a week or ten days. Finding him bilious, advised some appropriate medicine, and the discontinuance of the use of the sound until he felt better. He has been seen frequently since and makes no complaint with regard to his urinary organs. He never has to rise to make water at night, though if awake, he does so as a matter of comfort. His urine which he watches closely is seldom unduly acid and is habitually quite clear. He fully understands the use of diluents with alkali, and the value of frequent introduction of a large sound with caution in overcoming urethral irritability. Though not as well as he might have been after a section of the deep stricture at the bulb, and although a necessity for these measures might occur in the future, he is nevertheless so much better as not to be incapacitated from any usual degree of mental or bodily exertion. Indeed, his genito-urinary apparatus is perfectly quiescent most of the time, only giving him inconvenience when he gets bilious. At such times an internal hæmorrhoid also protrudes, becomes painful and bleeds. This he insists on managing his own way, although from the first I have constantly directed his attention to the importance of the removal of this complication from the elements of his case.

Original Lecture.

Article XLII.

Lectures on Fractures and Dislocations. By Jno. T. Hodgen, M. D., Professor of Special Fractures and Dislocations and Surgical Anatomy, in the St. Louis Medical College.

II.

Intra-Uterine Fractures.—The Diagnosis of Fractures.—Mode of Examination.

INTRA-UTERINE FRACTURE.

The bones of a child may be broken while in the uterus. External violence applied to the abdomen of the mother, or the force employed in delivery are the only agencies that fracture the healthy bones of the child before delivery. During the delivery of the shoulders the accoucheur sometimes fractures the humerus or the clavicle. In turning, and during delivery in a breech presentation, the femur is sometimes broken. I know a case in which in the act of turning a recently dead child the foot, the lower epiphysis of the tibia, and the entire fibula were pulled away. I believe it possible to seriously injure the spine in turning when the waters have been long evacuated and the uterus snugly embraces the child.

Uterine contraction and the action of the muscles of the child, may break the fragile bones of unhealthy development. I have a skeleton in which sixty-five fractures are shown, most of them united with such deformity as to lead to the conviction that the fractures were due to muscular action during intra-uterine life.

I recently saw a healthy child, two weeks old, in which there was a fracture of the left clavicle near its acromial end. A thick callus enveloped the fractured extremities; the bone was in good position.

The physician who attended the case, a careful, competent

accoucheur, knew nothing of the injury until the nurse called his attention to it several days after the child was born. As the child was the first and unusually large, the fracture probably occurred during the passage of the shoulders. No force was used in its delivery after the head was delivered by the forceps.

THE DIAGNOSIS OF FRACTURES.

It is well to learn how the injury occurred. Hear what the patient has to say of the manner of the injury; learn the site and character of the pain. Examine the pulse, attend to the character of the breathing, observe the expression of the face, note whether there be much pallor; note also, the position of the limbs and the general attitude of the patient, consider the age of the patient, for all these may be valuable not only in determining the gravity of the injury, but from some of the observations thus made a hint as to the site and character of the injury may be gained, so that we may proceed more directly to the part injured. If a limb be injured, strip both limbs and compare one with the other. If they are dissimilar, learn whether a difference existed before the injury.

Local swellings, after injury, may or may not be associated with fracture, yet these should command the attention of the surgeon. Abrasions associated with swellings and discoloration at site of fracture indicate direct violence; swelling and discoloration at remote sites, indirect violence. Discoloration often makes its appearance at sites remote from fractures. The site of discoloration is determined by the character of the connective tissue at the site of fracture and its connection with distant points near the surface. Thus a fracture of the neck of the humerus often presents an ecchymosis at the insertion of the deltoid or near the elbow along the border of the triceps and biceps muscles. A fracture of the body of the scapula has often associated with it discoloration near the crest of the ilium and along the anterior border of the latissimus dorsi.

In fracture of the long bones, the fragments may overlap, and projecting under the skin may be seen or felt. In fracture of the patella, olecranon, acromion, coracoid and os calcis, the fragments may be drawn apart, thus leaving a depression that may be seen or felt.

In fracture the fragments may be displaced laterally, and form at the point of fracture an angle, or there may be

a rotary displacement. In fracture of the clavicle, the deformity may depend upon displacement in all three of these directions. So, also, in certain fractures of the radius. In lateral displacement the condition may be detected by the projections of the two fragments in opposite directions; in angular displacement, the two fragments project on the same side of the limb.

In every case of fracture of the bones of the extremities there is entire or partial l »ss of power and yet the diminution of power may not be so great but that the part may be made to perform its ordinary offices. ..In impacted fracture of the neck of the thigh bone the patient is sometimes enabled to walk for a time, without great suffering. So, also, in impacted Colles' fracture, the hands and wrists are sometimes used continuously. The fibula may be broken toward its middle without seriously inconveniencing ordinary locomotion. Patients having fracture of the tibia alone, sometimes walk considerable distances.

Some months ago I saw, with a friend, a case of fractured tibia. The patient had attended to his usual duties for several days, and yet a careful examination detected a transverse fracture of the tibia near its middle. Ten years ago I treated an injury of the arm eight or ten days, without suspecting fracture. A professional friend detected a transverse fracture near the middle of the humerus and called my attention to it. The patient had been walking about the streets all the time he was under my care. It is a common notion with the laity that if a limb is broken, a toe or finger cannot be moved; this is an error. Yet the almost complete retention of power cannot be regarded as a certain indication of absence of fracture.

CREPITUS AS A SIGN OF FRACTURE.

The grating of one fragment against the other, with motion at an unnatural site, is the most positive sign of fracture. Yet one may mistake other sensations for that produced by the rubbing of one fragment of a broken bone against another. Thus in injuries about joints where it is not possible to determine the precise site of motion; and when, from inflammatory changes in the synovial membranes or the cartilages, a certain roughness is felt or heard from the rubbing of their altered surfaces together, it is quite possible that one should mistake such roughness for the crepitus of fracture. In certain inflammations of the sheaths

of tendons, a creaking sensation and sound may be distinguished and mistaken for crepitus. True, bony crepitus, however, when produced by bones recently fractured is so harsh and grating that a little experience will enable us to distinguish it from the softer rubbing of an inflamed or altered structure of a joint or the musical creaking of an inflamed tendon.

Mobility at unusual sites is a most positive sign of fracture and when removed from the neighborhood of joints cannot fail to convince us of the presence of fracture.

Emphysema found about the chest after injuries of the ribs or sternum may imply fracture. So, also, an emphysematous condition of the scalp after blows over the frontal sinuses, or in the mastoid region may indicate fracture. Gangrenous emphysema may lead the unwary to suspect fracture when none exists.

Unless a point of motion can be definitely determined, one may be easily misled as to the site of a fracture indicated by crepitus whether it be recognised by the ear or the hand, for the bones are good conductors, and the sensation may be referred to any point of a broken bone, however remote from the actual site of fracture. The earliest possible moment after the injury is the best for examination for fractures or dislocations. The outline of the part is then less disturbed by extravasation of blood or the exudation of inflammatory products. The patient is then to a greater or less degree under shock and the sensibilities are somewhat obtunded. Increased sensibility has not yet been aroused by the injured parts having become inflamed, and the patient thus suffers less and submits more quietly to manipulation. After some hours or days, not only is the general irritability greater, but the parts are more sensitive.

Immediately after an accident, the friends are more anxious to have the doctor's services and are less disposed to interfere with whatever he thinks required than later, when they have had time to learn that every neighbor has a doctor who is especially qualified for the management of just such cases.

MODE OF EXAMINATION.

The desire is to learn all that we may require to treat the case successfully with the least possible suffering to the patient. The eye gives no pain; the surgeon should look at the patient, and at the injured parts. If this be sufficient to satisfy him of the character and the extent of the injury, he may go no farther

in his examination, but at once prepare his dressings, and complete his examination while in the act of adjusting the displaced parts. If, however, he is not satisfied as to the character and the extent of the injury, the hand may be passed gently along the limb, and if the broken bone be superficial, as the tibia, clavicle, ulna, or lower part of the radius, a projecting point may determine the site and character of injury. If farther manipulation be required, the surgeon should learn whether the parts are unusually mobile, and let the effort to detect crepitation by rubbing the broken fragments together be the last, for this is painful and often not required. If, however, it is necessary to secure crepitation, let him then learn all that he may desire to know in regard to the fracture, and at the same time replace the broken fragments to avoid farther pain by future manipulation while dressing.

In oblique fracture of a part of a limb in which there is but one bone, as the thigh and arm, it will be found that the direction of the fracture and the length of its line will determine the ease with which motion may be made in one direction or another. Thus, if the line of fracture be obliquely upward and backward, or downward and backward that motion will be most resisted in a corresponding direction and more easily effected in the opposite. In case of transverse fracture in the leg and forearm, motion will be more resisted in the line of the plane of the two bones, and more free in a direction backward and forward. In case of fracture of one of two parallel bones, as of the tibia or fibula or of the radius or ulna, motion will also be more free backward and forward. A valuable method of manipulation to determine the presence of fracture of the fibula or radius above the lower third will be found in the elasticityof the unbroke bones when pressed together near the middle of that part of the limb. If there be fracture, the broken bone will recede under pressure, but will not spring back to its position when the pressure is removed, with the same elasticity that it would if not broken.

TIME FOR ADJUSTING DISPLACED FRAGMENTS AND APPLICATION OF THE DRESSINGS.

There can be no question that every displaced fragment in fractures should be adjusted at the earliest possible moment. We thus get rid of the goading and irritation of the soft parts,

put an end to direct pressure on and irritation of nerves, and favor a more free flow of blood to the distal part of the limb by relieving the arteries of partial or complete obliteration that may be due to presence of displaced bones or to the abrupt bending and kinking of the arteries. The same is also true in regard to venous return. Thus it appears that there will be less danger of gangrene of the limb if the fragments are early replaced. 1st., because of an earlier restoration to the normal blood flow, and 2nd, by diminishing the probabilities of inflammation which, if prompted by goading of lacerated tissues by the projecting fragments of the bone, may result in gangrene.

Translations.

Article XLIII.

FROM THE FRENCH.

Excerpts from Late French Journals. [Translated for the Journal.] By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis.

A New Skin Disease.—M. Mégnin has presented to the Société de Biologie, portions of the skin of a rooster affected with a skin disease hitherto undescribed. It is caused by a fungus allied to *Achorion Schœleinii* and *Oidium* albicans, consisting of a fine, short, tortuous mycelium, giving out sporophores, short, reticulated and terminated by strings of five or six round spores. These spores are the longest of the fungous parasites being larger than the *Achorion*, *Trichophyton*, and *Oidium* by one-third. This fungus abounds and is only found between and on the scales of the cutaneous epithelium—which presents the appearance of being covered with a very white powder—and does not penetrate the follicles of the feathers. The author proposes the name *Epidermophyton Gallinæ*. The affection extended all over the skin, but in the living animal, could only be noticed on the crest and naked parts of the cheeks. Repeated washing had no effect on this. Experiment showed that it is highly contagious for fowls of the same species.—[*Gazette des Hôpitaux*.

Extirpation of Uterine Fibroids.—M. Dezanneau arrives at the following conclusions:

1. Enucleation is the only treatment applicable to uterine fibroids projecting into the vagina.

2. Enucleation is indicated in all cases in which hæmorrhage or troubles due to compression place the patient's life in danger.

3. In proportion as the tendency is to progress towards the vagina, just so much ought operative measures be deferred.

4. For enucleation the finger is preferable, when it can be employed, to the metallic nail, curettes, etc.

5. The finger nail ought to directed towards the tumor in order to spare uterine tissue.

6. When the finger no longer suffices, torsion and traction are the best means to employ.

7. The fibroma ought to be securely grasped with the appropriate instruments; the chain of an écraseur pretty tightly applied is very useful.

8. Enucleation may be the cause of serious accidents and, on that account ought to be performed very carefully and be followed by the employment of antiseptic agents.—[*La France Médicale.*

STUDIES ON HYPNOTISM.—M. Dumantpallier has observed in his service a patient who at the termination of an attack of hystero-epilepsy, caused by fright, became a lypemaniac. She remained several days in this state, and it was only necessary to plunge her in the hypnotic sleep by fixing the eyes, and to awake her an hour later, by the same method, to have all trace of melancholy immediately disappear. Some time after her lypemania reappeared; the induced sleep and awakening succeeded, as in the former attempt in procuring a cure which, up to this time, has been constant.

Certain hysterical persons possess, during the hypnotic sleep, an incredible muscular sensibility. One extremity of a rubber tube 5 to 6 metres long and 1 centimetre in diameter is applied to a muscle of the leg, the other extremity is placed in relation to a watch and each tick of the second hand provokes a small contraction of the muscle. The experiment can be repeated indefinitely with the same results. The telephone produces similar results, and if a microphone be interposed, a look or artificial light brought to bear upon it, immediately influences the muscles and originates contraction.—[*Progrès Médicale.*

DETERMINATION OF ALCHOHOL IN THE BLOOD.—M. Gréhaut injected alcohol in several dogs, at intervals of a half hour so as to produce intoxication and death. He was enabled to ascertain that at the time the animal succumbed, the blood contained one per cent. of absolute alchohol, that is to say, a quantity about double that required to produce complete intoxication. It is interesting to compare this result with that which has enabled M. P. Bert

to establish the manageable zone of anæsthetics, ranging from single to double in the quantity contained in the blood, at the moment insensibility shows itself and death. That is to say, the quanti y necessary to produce death is about double that which will produce full anæsthesia.—[*Ibid.*

DREAMS.—M. Delaunay has made on himself an interesting study of the relations existing between dreams and the region of the brain more particularly irrigated during the night. According as the subject sleeps on his back, or as the head reposes on the right or on the left side, will the dream take on certain characteristics, almost always similar in regard to their nature. Thus, the head reposing on the right side, will give rise to unconnected dreams, full of nightmares; on the other hand, if it is the left side that is on the pillow, the dreams will be intelligent, and it is in this position that certain persons speak in their sleep. —[*Ibid.*

VISCERAL TRANSPOSITIONS.—M. L. Vallienne has written a study on the above subject and the following are his conclusions:

1. Splanchnic inversion *in toto*, is a symmetrical state the opposite of the more ordinary one.

2. It is relatively pretty frequent.

3. It is entirely indifferent and a matter of indifferance to the individual, the subject of it.

4. It can neither be considered a monstrosity nor an anomaly.

5. On the contrary, it must be regarded as a modification of the normal state which is merely less frequent.

6. Partial splanchnic inversion is extremely rare.

7. It must always be considered an anomaly and often a monstrosity.

8. When accompanied by malformations, ectopia may be called in as one of its possible causes.

9. In other cases the cause is as yet unknown.

10. The primary cause of visceral transposition is unknown.

11. The first of the secondary causes must be looked for in

the position of the embryo to the right of the vitellus.—[*Lyon Médical.*

TREATMENT OF RABIES WITH HOANG-NANG.—Hoang-nang is a creeper found in the mountains separating the kingdom of Annam from Laos. This plant belongs to the family of Longaniaceæ. So says Dr. Lesserteur. It produces the same physiological effects as strychnia and brucia. However, under its influence, it is always the lower limbs which first are affected with tetanus, and in which the greatest amount of contraction is observed after death.

The Tonqua remedy is prepared after the following formula: Alum, 1 part; Native Realgar, 2 parts; Bark of Hoang-Nang, 2 parts; the whole is powdered and made into pills containing each 25 centigrammes of the mixture.

Hoang-nan alone and the above mixture have been used as remedies for the leprosy, rabies, bad ulcers, scrofulidæ, paralysis, etc. It is reported to have marvelous effects in leprosy, yet experimenters have not met with any success. It has the reputation of being infallible for rabies, even when in its worst period, but such affirmations have no scientific value.

The Tonqua remedy was known at the beginning of the last century; it was then composed of cinnabar and musk. It seems to have rendered good service in the hands of the physicians of the time, in the treatment of rabies.—[*Paris Médical.*

EXAMINATION OF MEAT.—The following are questions which have been referred to a committee for consideration:

1. Can meat obtained from sick animals be given to the public for food?

2. Is it possible after slaughtering and when the animals have been quartered, or divided into smaller pieces, to distinguish between flesh from sick and flesh from sound animals?

3. Must the means adopted for investigating such meat in case it is decided in the affirmative be of a scientific or essentially practical kind? It other words, is it necessary to place the surveillance of the sale of meats in the hands of veterinary surgeons or of ordinary butchers?—[*Bulletin de l'Acad. Royale de Méd. de Belgique.*

Article XLIV.

FROM THE PORTUGUESE.

Study of the Etiology and Nature of Beriberi. By Dr. A. Pacifico Pereira. Translated from the *Gazeta Medica da Bahia*, for the Journal. By Joseph Workman, M. D., Toronto, Canada.

Experimentation is the the most reliable test of clinical observation, and it never can be dispensed with, as a valuable means of study, when we undertake the investigation of a question so difficult and obscure as that of the nature of a morbid process..

Clinical observation aids us in the study of pathological phenomema and the circumstances that accompany these highly important elements in the recognition of the etiology and nature of disease, yet it is experimentation that gives us scientific certainty, when, in analogous conditions artificially produced, the phenomena are provoked, and we can thus establish a co-relation between cause and effect, by reproducing at pleasure an observed fact, and studying it closely in its most minute particulars.

In the elucidations of the pathogenesis of beriberi we take, as our principal point of departure, the study of the climatological conditions in which the disease is developed, and in these we constantly find, as capital phenomena,—high temperature, and excessive humidity of the atmosphere.

The first idea that scientific logic naturally suggested to us, was that of experimenting on animals kept in conditions of temperature and humidity similar, in order to see whether they presented lesions similar to those which are observed in beriberi.

In searching closely the annals of science, we have met with many recorded experiments of this nature, made by distinguished physiologists and pathologists; experiments which have, besides the stamp of competency, the very great value for our case, of not having been conducted under any preconceived idea.

These experiments prove that animals kept in an atmosphere of high temperature and excessive humidity, die, presenting notable alteration of the red globules of the blood, and fatty degeneration in various parenchymes and tissues; and pathological anatomy shows that these alterations are the same as those frequently met with among the cadaveric lesions of beriberics.

The importance of the experiments to which we refer, and their value in the question of which we now treat, oblige us to relate them minutely, and at the same time to adduce the corroborative argument with which physiology, hygiene and clinical pathology, coupled with experimental pathology, furnish us.

We shall begin with the experiments of Dr. M. Litten, docent in the University of Berlin, *on the action of high temperature on the organization.*

Litten made interesting and repeated experiments showing the action of a high temperature on the organism, and he published the result of his investigations in the *Archiv. f. pathologishe Anatomie und Physiologie* von R. Virchow, (vol. 70, page 10).

The experiments were made chiefly on Guinea pigs, by keeping them enclosed in a metalic casket, with double walls, between which water circulated, which was kept heated by a flame of gas or alcohol, and governed by a Bunsen regulator and a thermometer, thus presenting a constant determined degree of the temperature of the air contained in the casket, which was constantly renewed by a special ventilating contrivance.

The animals were kept under the influence of a temperature, constantly of 36° C. (or 96°.8 Fahr.) with the air saturated with the vapor from the waters, or in that of 37° C. (98°.6 Fahr.) with the air dry. For a few days they resisted the action of this high temperature. The alterations constantly met with in the autopsies were fatty degeneration clearly characterized, in the liver, the heart, the kidneys and finally in the striated muscles, the respiratory, and of these the intercostals and the diaphragm were the most affected.

The degeneration was more or less intense according to the duration of the experiment, never however failing to exist in the animals which had been kept at the least thirty-six to forty-eight hours in the casket, subject to that high temperature, and being found in excess in those which had been five or six days in it—which was the longest period that the animals resisted the experiment.

The records of the autopsies carefully made by Litten, immediately after the death of the animals, describe the very advanced stage of the fatty degeneration found in the liver, the heart, the kidneys and the muscles.

The cells of the liver, in the whole of the acini were full of large drops of fat, and less often of small drops, in which nucle could be distinguished. In the kidneys the uriniferous canaliculi were seen altered in a very high degree, and small drops of fat so filled them that the epithelium could not be distinguished, and where the epithelium was visible, the cells presented large and small drops of fat, which covered the nuclei. The glomerules were generally well preserved frequently presenting among the tubules, a slight fine deposit of fat.

The musculature presented profound alteration. In the ventricles and the papillary muscles of the heart, the degeneration was very intense; the sarcolemma was full of small and large drops of fat, so that the contractile substance could not be recognized. The intercostal muscles and the diaphragm presented the same alterations, and the muscles of the skeleton in a less manifest degree. The fat invaded in every part of the tissue of the muscles, and at some points, the fatty drops were so densely crowded that the transverse striæ disappeared. The vessels presented fatty degeneration in some parts, but most notably in the choroid plexus and the pia mater, and less, though still clearly pronounced in the small branches of the coronary arteries. The small drops of fat had their special seat in the adventitia; they were less notable in the musculature, and were only partially seen in the nuclei. In the brain and the medulla there was nothing abnormal. The digestive aparatus presented alterations of but little importance; the only notable alteration was fatty degeneration of the utricular glands of the stomach.

The blood taken from a moribund animal, and examined immediately, without any reagent presented a great number of crystals characteristic of the blood of the Guinea pig, (tetrahedral) and small, irregular disclosed masses, full of nuclei and drops of fat.

New and varied experiments by different physiologists and pathologists have shown that the fatty degeneration which is thus produced in different textures of the organism, by the action of a high temperature, was due to diminution of the process of oxydation.

The experiments of Sanders Ezu, in the laboratory of Prof. Ludwig, made on rabbits, show that the quantity of carbonic acid expired each minute by these animals, varied in an inverse proportion to the degree of the temperature of the air in which they were placed. The quantity was less in a temperature of 38° C. (100°.2 Fahr.), and greater in 8° lower.

The processes of oxydation, whose activity could be measured by the quantity of carbonic acid expired, constitute, in warm-blooded animals, the regulator destined to preserve the internal temperature of the organism unchanged, despite the great variations of the external temperature in which they live.

Leibermeister, in his important works on the pathology and therapeutics of fever, shows that in animals of a constant temperature, the processes of oxydation are the more active, the lower the degree of temperature is around them, and *vice versa*.

Litten, when examining animals after having kept them at the least, six to eight hours in a high temperature, found, as the consequence, a constant diminution of the carbonic acid expired. According to this illustrious experimentalist, the diminution of carbonic acid is due to diminution in the receipt of oxygen, and consequently a diminution in the oxydations. The expiration of carbonic acid, in these experiments, were so enormously diminished, he says, he could not avoid accepting as explanatory of the fact—a profound alteration in the organic elements which serve to carry the oxygen.

[TO BE CONTINUED.]

Proceedings of Medical Societies.

Article XLV.

ST. LOUIS MEDICAL SOCIETY.

Taken by the Journal's Stenographic Reporter.

Saturday Jan. 14th. 1882.

Remarks of the Retiring President, Dr. H. H. Mudd.

In resigning the chair to my successor I desire to express my thanks to the members of the Society for the uniform courtesy extended to me while acting as your presiding officer. I appreciate the honors and have enjoyed the duties connected with the position.

Some faces, mostly of men past middle life, have appeared with singular regularity before me at each meeting; I have learned to look with interest for them and to enjoy their presence.

The character that has borne the triumphs and the disappointments, the honors and the vituperations, to which we are all alike subjected, in the practice of our profession, and that still retains that profound love for our profession and respect for his compeers that is necessary to induce a regular attendance at our meetings is deserving of more than passing notice and has my earnest sympathy and regard.

We have had some valuable papers and profitable discussions, but the year should have brought work of more profit to the Society and I should have enjoyed the honorable duties, from which I am now relieved, much more if we had been able to discuss a larger number of carefully prepared articles.

Permit me, to say to the younger members, many of them my personal friends, who are striving honorably and earnestly for place and position in the profession, that they owe no duty to their patient or to themselves more important than those they owe to each other and to their local Society, and through that Society to the profession at large. It is a selfishness unbe-

coming to professional men that prompts neglect and forgetfulness of the duties we owe to our Society. There is no way to eminence in the ranks of our profession except through interchange of thought and experience. Each man, no matter how poor or mean his ability may be, is first in his patron's heart; but it is to the estimate the profession places upon our character and ability to which we are sensitive, and this estimate very uniformly fixes our position in the scale of professional eminence. We are judged by our peers and by our work among them.

Address by the In-coming President, Dr. Wm. Dickinson.

Gentlemen of the St. Louis Medical Society:

It had been a hope, sincerely cherished, that another, on this occasion, would have occupied this chair. To the indulgence of this hope, I was moved by the conviction, that a member, a friend for a long period, my senior perhaps in years, (though both still young) certainly my senior in membership with this Society, who, by constant presence and instructive voice has contributed much to the interest and profit of its sessions, possessed stronger and more convincing claims for this distinction.

But your kind partiality and voluntary suffrages have conferred the honor of this station upon your speaker, for which I return you my sincere and grateful acknowledgements. To receive this at the hands of my compeer's is truly gratifying. This award I may be permitted to interpret as an assurance, a testimonial of your personal friendship and kindly regards.

These I esteem as the highest and grandest of social attainments. These, Cicero, in his unequalled "Treatise on Friendship", declared to be "the most valuable of human possessions"; and, in illustration of "Love", that kindred but more exalted sentiment, the sublimest and most powerful of the human passions, he bursts forth in the impassioned apostrophe, "Good Gods! is there a man on the face of the earth, who would deliberately accept of all the wealth and all the affluence this world can bestow, if offered to him on the severe terms of his being unconnected with a single mortal whom he could love or by whom he should be beloved."

Besides the transient honor attaching to this place, it confers the privilege of enrolment of name among those many worthy names who have dignified this chair in this presence, and adorned the walks of social, professional and scientific life. Of

these, sixteen have paid the last debt of nature. Why should I recount the names of Farrar, Lane, Beaumont, Barnes, Reyburn, Linton, Pallen, Watters and others, distinguished in our profession in life, and in their death honored by this community; for their names and their fame, still live in the lively memories of most of the members of this society. To one of these was granted the singular and anomalous opportunity, which fortunately for science he had the sagacity and ability to improve, of making those original investigations by which an impulse and verification was given to physiological research, such as it has never received by any other man in any age or country. Dr. Wm. Beaumont has thus erected for himself "a monument more enduring than brass." Linton gave the world evidence of great natural ability and a profound knowledge of pathology; and Watters, by his acute perception, penetrating mental acumen and logical reasoning, was enabled to formulate and proclaim the accepted theory of the correlation of the vital forces. Though the credit of priority of discovery of the theory and its promulgation is contested, he persisted in its development, till his premature death arrested progress and transferred its completion to other hands.

Of those who have occupied this chair, nineteen still survive all of whom, save one, (Dr. David Prince now of Jacksonville Ill.) continue residents of this city. Dr. Meredith Martin President for the first time in the year 1840, again in 1842, 1845 and 1865, the Nestor of our profession, is still with us, and on occasions *too rare*, honors the society with his presence. Were all these combined in one assembly, what an august conclave would be presented, scarcely less reverend than the old Roman Senate. Though the last and humblest of your number I salute ye all; and, as Horace, the great Roman Poet, esteeming a long life the superlative of human enjoyments, in grateful commemoration of his great patron, Mæcenas, embody his sentiments of profoundest respect, honor and affection in the most significant expression of which he was capable "serus in cælum redeas", so I, in humble imitation, invoke for ye all, useful and happy lives, and beloved by all, crowned with merited honors, in the self same words I incorporate my fervent benediction, may you *too* return late to heaven.

This society now enters upon the forty-sixth year of its existence; a period longer, probably, than that of any similar society

west of the Alleghanies. It has a membership of about one-hundred and seventy-five, embracing most of the eminent talent of the city. Yet some of the great lights, whom all delight to honor, are not with us. How gladly we should welcome their presence in this hall, and listen to the narration of their investigations and large experience. The peculiar character of our profession invites, yea more, *urges* to the impartation of knowledge. It permits no exclusiveness, no self or sole appropriation. In obedience to its behests, unwritten and unspoken, we convene, bringing each, his contribution of observation, experience or research that during the previous week may have been acquired or suggested. What crucibles are to the chemist medical societies are to the Science of Medicine. They are the common receptacles of ideas, principles and theories, by the fusion of which the worthless is eliminated, the genuine and practical educed and elaborated. Viewed in this light the mission of this society is an agency of immense power for the information and edification of those who enjoy its privileges. Its influence is wide-spread; it not only pervades this city but extends throughout the Mississippi Valley. See, therefore, to it that the declarations here made shall be sound, and orthodox, and in harmony with the most advanced views of the day. According to the results of this ordeal, new principles or novel theories will be accepted as true and incorporated in standard literature or denounced and rejected as medical heresies, and worthless. The voice, in dissertation or debate, may reach but a few; but the air thus set in motion has not ceased its pulsations, ere the spoken word is caught, and to it the dextrous hand gives durable impression, and anon the printed page sends it broad-cast for the perusal of thousands. Credible information comes to the effect that to the discussions of questions proposed or suggested by papers read, the ST. LOUIS MEDICAL AND SURGICAL JOURNAL which gives them full publication, is indebted for its enlarged circulation, quite as much as to the original matter contributed or that selected.

The great West, therefore, looks to the medical societies of this city as the oracles and umpires of controverted subjects and the exponents of the most approved medical thought and practice. We may well be proud of this society which soon will be able to celebrate its golden anniversary, a period embracing two generations of professional life. Does any inquire of its visi-

ble achievements. One, not the least deserves especial and emphatic mention, the intrinsic value of which has been greatly underestimated, perhaps, because it is a work of "home production." I allude to the preparation, by a resolution of this society, of an able and exhaustive monograph on "Yellow Fever; its Etiology Treatment etc.;" that scourge, which by its relentless fatality in desolating homes ravaging cities in the South appalled the world. This work of immense labor was composed by a member of this society eminently qualified by natural endowment and personal observation of this disease to give it fitting elucidation; and in the annals of this society it will ever stand a monument of its scientific zeal, and its exalted apprehension of the functions belonging to medical organizations.

In this presence and on this occasion I beg to indulge in a brief episode in commemoration of the memory of the men, the school and the city.

He, who at some future time shall appear as the historian of St. Louis, will fail in the discharge of his duty, should he omit to devote one brief chapter at least to the history of the "Missouri Medical College", and the narrative of a memorable incident in connection therewith. About thirty years since, a young woman of education, refinement, brilliant talents and indubitable energy, fired with ambition to adopt an artist's life, applied to the medical schools at the east for admission, that she might pursue the study of anatomy. Her application was refused and for no other reason than because she was a woman. Though herself refused she was not thus to be thwarted in her purpose. A stranger she came to this city, and to the Dean of its only medical college, she preferred her request as before. Upon what theory of probabilities she predicated a more favorable consideration of her application here in Missouri than in the state of her nativity, we are not informed; but in the heart of him who has popularly received epithets grotesquely descriptive, suggestive more of harshness than of delicacy, she found a large spot sympathetic and responsive to her high aspirations. By him she was cheerfully granted every facility desired. Miss Harriet Hosmer thus became the protegée, esteemed pupil and friend of the most eminent surgeon of this city and throughout the Mississippi Valley, Dr. J. N. Mc Dowell. To this *man*, therefore, to this medical school and to this city, shall forever attach the eternal honor of having first, in modern times, demolished the

barrier that prevented woman, within its precincts, from pursuing wholly or in part the required curriculum of medical study.

Though the little studio of Miss Hosmer, in her father's yard in Watertown Massachusetts, had witnessed the throes of her embryonic genuis in its struggle for birth, yet here in St. Louis was the real initial history of her art life. Then a novice and unknown, to what magnificent proportions has she grown! Now two continents are vocal with her fame, where, also, in many a *salon* of wealth and cultivated taste are found finished and admired works of her artistic hand. Several of her works now adorn the Mercantile Library in this city and others are to be seen in the "Crow Museum of Art."

With the name of Dr. Mc Dowell, in connection with that of the young anatomist, should also be associated in perpetual remembrance the name of another powerful friend and patron: the patron too of art in general, and of all that refines and enobles his fellows; whose great liberality for many years has largely contributed to the present measure of success and prosperity attained by Washington University, but whose munificence has recently obtained its highest and coronal demonstration in the erection and gift to it of the "Crow Museum of Art." I, of course, allude to the Hon. Wayman Crow.

In the grand vestibule of this classic structure, upon a graceful pedestal, rests a bust of this gentleman, a monument of the genius of Miss Hosmer; in which with singular fidelity to life, she has delineated the features and genial expression, characteristic of this noble man: and there it stands (with but little stretch of the imagination) extending to the visitor on his entrance a cordial welcome. But long before Miss Hosmer, the rising artist, had reached the summit of her fame, the great reaper death had gathered her teacher and beloved friend, Dr. Mc Dowell, to his fathers.

Seven years pass by, and a son, a resident of this city and member of this society, known by most of us, repected and honored, fell, wrestling manfully in the struggle of life. And now, not a brief week has elapsed, since the body of another son, the last of the children, the last of the family, by friendly hands, not of kindred by blood, was deposited in *its* last resting place.

But we must return from this depression, and address ourselves to the themes of the hour. Consider I pray you the city

and time in which you live, your attitude to duty in its special relation to this society; that of this society to this city, the metropolis of the West, in medicine as well as in respect to commerce. To the history of this society all can point with pride. Looking down the vista of the past we see it illustrated by luminaries, whose effulgence would be conspicuous in any city or in any time, especially by those who attained and maintained the first rank in surgery, Mc Dowell, Pope (the mere mention of whose name awakens the mental award of respect and honor, associated with regret at his untimely death) and their eminent successors confessedly their peers, dominant in our time, of whom, one has but recently retired from the presidential honors of the Medical Society, having the largest membership in the world. In these honors, by the laws and privileges of a common fraternity and relationship, this society, city and state all participate, without detracting aught from him who is the merited personal recipient. Again I bid you to look forward to the future, and address yourselves courageously and hopefully to its duties and its rewards. Napoleon was wont to act upon the offensive, advance upon and seize opportunity, and thus by celerity of movement and anticipation extort victory from elements apparently adverse. To one and all of these my friends, I say all hail to the future! advance and meet it in its coming; rise to the level of your great opportunities: let earnest zeal and persistent activity characterize your conduct: adopt as your motto the orator's essential factors of eloquence, action! action!! action!!! Whatever of fruitage or trophy other years may have achieved, may the ensuing year in interest and profit at least be equal to the best: And I exhort each member, by regular attendance and frequent contribution, to strive for this realization. Do not, I entreat you, permit the sentiment of individual personal responsibility, to be merged into and lost in the general. The history of the entire year 1882 will be of that character which you shall impress upon each weekly session.

And now, in fine, to the honors which your friendship and confidence have conferred upon the speaker, he is profoundly conscious, attach grave responsibilities. In respect to these, he pledges himself to their faithful and impartial performance, and to withhold no effort in order that your reasonable expectations may be realized.

Asthma from Nasal Disease.

DR. MULHALL.—Mr. President: Some of the gentlemen will remember the case I presented some weeks ago. It was one in which th re was asthma with a nasal disease; and at that time I suggested that the cure of the nasal disease would cure the asthma, and it was then suggested that I should bring him again after the removal of the polypi. So I brought him here to-night. His asthma was very severe. I don't khow that there was anything in the general symptoms to distinguish this from an ordinary case of asthma. I operated upon him on Sunday, Dec. 4 and removed seven gelatinoid polypi from his nose. The immediate results were that on that night he was not able, as usual, to sleep until about half past two, but at that time he went to sleep and slept until about half past five, a thing he had not done for three months, that is to sleep for three successive hours. Next day he was able to walk much better than he had been for some months. The dyspnœa disappeared immediately on the removal of the growths. He had a very severe cough at the time, and that did not disappear until perhaps three weeks after the removal of the growths. Prior to the operation he weighed one hundred and forty pounds; he gained, the first week after the operation, four pounds; the second week five pounds; the third week four pounds; the fourth week four pounds; and the last week three pounds; so that now he weighs one hundred and sixty pounds. That is the best proof of the prognosis that the removal of the nasal growths would cure the asthma. When the patient was here before, he was hardly able to drag himself across the room; he is now able to walk erect, is strong, and almost as active as he ever was before the asthma came on.

DR. PORTER.—This case is important, and the Doctor and his patient are to be congratulated upon the result of treatment. It is but a few years since the first case of this kind was reported, and there have not been more than six or eight—at most not more than a dozen—of these cases reported all over the world. This is a case in which reflex asthma was caused by local irritation in the upper air passages, and it has been cured without farther treatment than the removal of the obstruction or irritating growth. The improvement of this patient is apparent in his face. When the man came to the society the other evening,

many of us suspected that there was true tubercular lung disease, and he has improved since the operation without any other treatment.

There was bronchial spasm, for, as suggested at the previous meeting, asthma is a symptom more than a disease. One explanation of it, as in this case, is that the nostrils are closed, or partially closed by the obstructing growth, so that when inspiration takes place, the air in the upper pharyngeal region becomes, to a certain extent, rarefied as the air cannot pass through the natural channel, but through the mouth. As the air in the superior pharyngeal region becomes rarefied, congestion takes place. I have on record one case very much like this, with entire relief, and another one in which I am told that the disease has returned, and still another in which there was no growth of polypi, but a thickening of the mucous membrane, a spongy thickening, soft and easily pressed aside by the probe, and reducible at times by means of astringents. The last case is yet under treatment, and I hope the result will be successful as Dr. Mulhall's case. The point should be borne in mind that asthma long continued may give rise to local lesion of the lung, emphysema and bronchial disturbance. These may remain a long time after the removal of the local trouble.

Dr. Fairbrother.—To me there is nothing more interesting in the whole realm of medical observation than these cases illustrating reflex action. And I don't know why this case may not be explained entirely as a case of reflex action. The explanation given by Dr. Porter, concerning the air being rarefied, takes away something of the interest in respect to its being a case of mere reflex action. If it is a well defined case of typical asthma, with the spasm and other symptoms belonging to asthma, and all these symptoms disappear upon the removal of these growths in the nares, the connection between the two seems very clear, and it is just as easy to accede to this explanation of the cause of the asthma as it is to accept the explanation of other cases of reflex action. We know that tickling the nares will sometimes produce a tear from the eye; and it can be explained on no other ground than that of reflex action. A piece of cinder in the eye may produce epilepsy by peripheral irritation producing central irritation. The fact of these irritating surfaces being near together doesn't militate at all against there being

reflex action. It is just as natural and easy to have reflex action in the pharynx from the posterior nares as it would be from any other part of the body. So that to me this case is a beautiful illustration of reflex action. Of peripheral irritation producing central lesion, and that again being reflected to the periphery, producing lesion there.

DR. HODGEN.—I only rise to give strength, if possible, to the position that Dr. Fairbrother has taken in regard to this case. It seems to me there is no reason why we should assume that a partial vacuum is formed in the upper pharyngeal space, and that a congestion in consequence of this partial vacuum results, and that the irritation, aided by that congestion, is necessary to the disturbance which results in the spasm of the bronchial tubes. One of the most familliar reflex acts of which we have any knowledge is that of sneezing. An irritant is applied to the mucous membrane of the nose, and impinges on the fifth nerve, a disturbance occurs at this point which passes to its centre and the result is a violent spasm of the respiratory muscles, The presence of a foreign body in the nostrils will produce greater congestion than will be produced by any congestion of the upper part of the pharynx due to a possible partial vacuum, even if we assume that such a thing actually occurs.

If you remember the anatomy of the parts you will recollect that the upper pharyngeal space communicates very freely with the lower pharynx. The opening between them is large enough to allow the air to pass without the least resistance. There could be only the faintest presence of a vacuum in the upper part. There could be almost no vacuum, no diminution of atmospheric pressure there; so that really, I don't see any reason for assuming that there is such a partial vacuum. It seems to me that it makes the route more circuitous to arrive at a conclusion, it makes the case more obscure. It is much more distinct and plain to assume that such a condition is not necessary to the production of the result.

DR. MULHALL.—One point has been lost sight of in the discussion of this case. The majority of us regard this asthma as only a reflex symptom of disease situated elsewhere, in the majority of cases, and this anatomical connection to prove the reflex action doesn't exist, at least not very accurately. The nervous connection between the situation of the disease and the

pneumogastric nerve doesn't exist. We have the asthma of a central origin; a congestion, or lesion which skips from one centre of the fifth nerve to that of the pneumogastric, but the fact is that the man did not breathe through the nose, but through his mouth, there was oral breathing. I think that the fact that the cold blasts of air, and the impurities which are liable to enter the mouth, and not apt to enter the nose, would partially, if not wholly, account for reflex symptoms. We would at least have an anatomical connection to explain the reflex symptoms The pharyngeal nerve would be brought into contact with the cold air and impurities, so that there would be a distinct connection with the pneumogastric. I don't know that the nasal disease was the cause of the asthma, perhaps it was the oral breathing.

Dr. Hodgen.—In reference to Dr. Mulhall's statement, it will be remembered that the pneumogastric nerve in its distribution, is a motor and sensory nerve, in its origin it is purely a sensory nerve. It receives motor filaments from the first and second cervical nerves, from the portia dura of the seventh pair, from the hypoglossal nerve, and from the spinal accessory nerve, so that the impurities do not go centripetally to the root of the pneumogastric nerve. The central termination of the fifth nerve may be connected with it or any of the other five which I have named.

Dr. Porter.—The theory which I have advanced has been a matter of some study, and I am not yet ready to abandon it. What did you tell us was the anatomical situation of the polypi, Dr. Mulhall?

Dr. Mulhall.—It did not go farther back than the junction of the anterior two-thirds, and the posterior one-third of the middle turbinated bone. It was not in the pharynx proper at all, so that the polypi did not affect the pharyngeal nerve at all.

Dr. Porter.—So that we are reduced to one of two theories, either the reflex action arose directly from the polypi by the roundabout way of the communication of the origin of the fifth nerve with the motor supply of the pneumogastric, or else by the theory that I have stated, the rarefaction of the air in the upper part of the pharynx. It is true that we cannot always account for reflex action, nor can we tell why it should pass from one part of the body to another. If there were no better,

no more direct way by which this reflex action could be accounted for, then we could, for a time at least, be obliged to accept the one given by Drs. Fairbrother and Hodgen. The upper and lower pharyngeal spaces communicate freely, and the air in natural breathing comes through the nostrils; but if the nostrils are closed, then the pharyngeal space is no longer a channel for the transmission of air, but a closed cavity; then if the current of air passes along the lower pharyngeal opening through the mouth, certainly there will be a degree of rarefaction; and it doesn't take a great amount of rarefaction to produce congestion. The congestion of the mucous membrane supplied by the pharyngeal plexus of the pneumogastric, originates the impression reflected to the bronchial distribution directly. This seems to me more direct than the other.

Section of Skull removed from Baber.

DR. STEVENS.—I wish to say a few words on the Baber case. I have the specimen which was removed from the skull of Baber immediately after the execution, by Dr. Ludwig. You will remember that the plea of insanity was based partially upon the fact that he had a depression of the skull. It was proven that when he was seven years of age he had fallen a height of ten feet upon a pile of china and glassware, lacerating the scalp very excessively and fracturing the skull. Those were the facts. There was upon the left side of the head a depression almost large enough to lay the finger in. It was from four to five inches in length. I and all the other physicians supposed that there was a depression in the internal table of the skull; but the post-mortem examination showed no fracture of the internal table of the skull, the diploë was not fractured. The dura mater and the brain beneath the left hemisphere, and also the meninges of the brain, seem to be in a perfectly sound and healthy condition. The testimony in the case cannot be reverted to of course, at this late hour.

SATURDAY, Jan. 21st, 1881.

Scirrhus of the Prostate Gland. By F. W. Wesseler, M. D.

Mr. F. L. aged 50, married, of previous good health, never had syphilis, sent for me Jan. 29th, 1879, to relieve him of most excruciating pain about the hips and loins. As he could not

locate his pain definitely it was difficult to decide whether to call it sciatica, rheumatism or some disease of the bladder. While able to be about, he had visited a number of physicians to get an opinion, on which (he being a hospital steward) he would treat himself. The gum catheter with which he drew off his urine could no longer be introduced. Finding it impossible to introduce any kind of an instrument into the bladder, I deferred making a diagnosis and ordered hydrate of chloral and morphia to relieve his suffering. The prostate being enlarged and the neck of bladder very sensitive, I ordered ext. belladonna externally; internally, ten grain doses of quinine occasionally with demulcent drinks were administered. But the inability to empty his bladder continued. There was a constant dribbling of urine and great pain towards the rectum.

On Feb. 26th, Dr. Hodgen saw the case in consultation, who expressed the opinion that the enlargement of the prostate was most probably malignant, and that the patient would never recover. Iodoform and morphia suppositories were ordered once in six hours; internally, tonics, beef tea, etc. On March 16th, Dr. Gehrung of this city, also saw the case and agreed with the previous opinion and treatment. I will say that I also consulted with Dr. Vollum, Surgeon U. S. Army, who visited the patient frequently. All treatment being of no avail, it was concluded to give him plenty of morphia to relieve his suffering and await developments.

It was not until the 26th of October when I was again sent for. These months of constant suffering had changed the fine looking man, with a robust constitution, into a skeleton. I found my patient vomiting and purging, with anxious expression of face, and restless. Complained of great pain over pubes. Water dribbling from him as before. Ordered a tea made of uvi ursi fol. and hops, adding some bicarb. soda, and added to each dose of morphia which he was taking $\frac{1}{60}$ grain atropia. This afforded but slight relief. He declared that something had given way inside, and that he could not possibly live. His anxiety and restlessness increased, until he passed into a semi-comatose condition that continued until death, which occurred Nov. 3rd, 1879. Six hours after death, a post-mortem was made, at which Drs. Starkloff, Hickman and Lutz assisted. The body was greatly emaciated, with the odor of urine predominating. There was urinary infiltration of the cellular tissue of the anter-

ior part of the perineum and abdomen. A sack of pus was located between the pubes and the bladder with an opening into the latter, causing the cellular infiltration. The tumor had its origin in and involved the prostate gland, was about the size of a large hen egg, very firm and hard.

DR. HURT.—Constant dribbling is a symptom of over-distension, and that is evidence that the patient was suffering from uræmic poisoning. A tumor the size of a hen's egg at the neck of the bladder would not kill him if you kept the bladder empty. Aspiration would certainly have been effectual in relieving the bladder. But then of course that would have to be repeated once or twice every 24 hours, and that would not have been borne very long without symptoms that would have been nearly as bad as over-distension.

DR. WESSELER.—I had some experience with aspiration of the bladder shortly previous to this, and my experience did not encourage me to try it again. The urine was drawn with a trocar, perhaps a dozen times when uræmic infiltration took place; almost the same as it did in this case, and killed the man. Of course over-distension is apt to produce such pressure that an abscess is formed, or the bladder is ruptured, and uræmic infiltration takes place, and the patient may be poisoned and die. The case in which I aspirated died in a very short time. The patient didn't live three or four months or as in this case, six or eight months; from January 26th, to the 3rd. of November. I am satisfied if I had aspirated the bladder, he would not have lived more than two weeks. The final result would have been the same, but he would have died in a much shorter time.

DR. POLLAK.—I would like to ask Dr. Wesseler where he aspirates?

DR. WESSELER.—Through the rectum.

DR. POLLAK.—That is the only place we can aspirate.

DR. A. GREEN.—Why could we not aspirate above the pubes? We could introduce the aspirator above the pubes without injuring the peritoneum at all. In such a case as that which Dr. Wesseler reports where there is no hope for the patient anyhow; where we know that it must prove fatal after a time, wouldn't it be advisable to try to make a permanent opening above the pubes

and into this opening introduce an elastic tube, in order to allow him to urinate?

Dr. Borck.—The doctor says that the case discouraged him from aspirating the bladder. I don't think that one case should be taken as a criterion. I think it is preferable to use the aspirator, rather than the trocar. There are cases on record where aspiration has been performed 60 or 80 times. The patient is not injured near as much by the aspirator as by the trocar. I see no reason why we could not make an artificial opening and produce an artificial penis. I think it could be done just as well as not. We have fistulous openings in the bladder of the female through which the urine dribbles away; why could we not have them in the male? I would try the experiment if any one would let me.

Dr. Johnston.—Dr. Borck recommends extreme measures. He states that an incision has been made above the pubes, cutting through the bladder: I can't call to mind such a case in my reading. I know that the German surgeons have performed some extraordinary operations whether the bladder has been attached to the walls of the abdomen I don't know. Puncture of the rectum is the old practice, and I have seen a good many cases of puncture of the rectum that went to the grave. Puncture through the rectum 60 times would not have been borne. You can aspirate above the pubes, but I think in the course of time, that would produce inflammation of a character that it could not be controlled.

Dr. Stevens.—The suggestion of Dr. Green seems to me impracticable. I don't think it could be accomplished to advantage. In the first place I do not believe that an opening into the bladder above the pubes could be made at any other time, except when the bladder was distended. When the bladder is in an empty state, the upper extremity falls below the level of the pubes, it would leave that part of the pelvis in which the puncture is to be made. If the bladder is punctured while it is in the distended state, it would strike the middle of the bladder, and then, that part would be drawn away from the opening in the abdomen. It seems to me it would be impossible to form an attachment between the walls of the bladder and the opening. The retraction or falling away of the bladder would militate against it;

and the infiltration of the urine would interfere with the healing process.

DR. A. GREEN.—We can inject the bladder without infiltrating the cellular tissue. Artificial openings have been made into the stomach and I do not see why it could not be done here.

DR. MCPHEETERS.—The post-mortem report is imperfect; I don't know how uræmic poisoning resulted. If there were a rupture of the bladder, the patient would die from peritonitis. If the kidneys were diseased there would be a suppression of urine. If there is infiltration, there must have been an opening in the bladder, and the patient would die of peritonitis, rather than of uræmic poisoning. Infiltration wouldn't cause uræmia.

DR. HURT.—My idea is that from overdistension of the bladder, the urine regurgitated back upon the kidneys through the ureters. Is it not possible for that to take place?

DR. BERNAYS.—I had occasion to examine this specimen in the performance of the post-mortem, and I found it to be a scirrhus cancer. It was a clear case of cancer of the prostate: which had become enlarged so as to be about the size of the fist, and had attacked the connective tissue between the bladder and rectum, and also around the anterior surface of the bladder. Speaking of the operations to remedy the trouble, I would say that an extirpation might be performed. The rectum could be made a receptacle for the urine also. We leave the sphincter intact, and perhaps the sphincter ani might have contractility enough to cause a certain amount of retention of urine, so that the patient would not be troubled with a constant dribbling of urine. I don't remember a case of the kind, but I have seen a case where there was a fistula between the bladder and the rectum, in which the sphincter was strong enough to hold quite an amount of urine, and I believe the operation might be performed in a case of malignant tumor without any great danger. The operation itself certainly would not be dangerous; but there might be danger of cellulitis on account of the infiltration of the urine. This might be remedied by uniting the mucous membrane of the rectum with the mucous membrane of the bladder then there would be little danger of infiltration of urine, and little danger of pyemia. But I think we could let the bladder alone and dissect out both ureters, and fasten them into the rectum. I think that is a much better operation.

Dr. Johnston.—I wish to mention a case. A little child was vaccinated with bovine virus, and it took well: About the 7th or 8th day afterwards, the child broke out with from 50 to 100 pustules, which extended all over the child from head to foot. In appearance it was varicella, and as there was some fever, I pronounced it a case of varicella or varioloid. The eruption was attended with a good deal of itching, and remained out about eight or ten days. I don't know whether such an effect frequently follows vaccination with bovine virus or not.

Extraction of Teeth in Pregnant Women.

Dr. Borck.—I would suggest a question. Is it advisable to allow the extraction of a tooth, or of teeth in a patient who is pregnant? Several times I have been asked this question by dentists. Some eminent dentists are afraid to extract an aching tooth because the patient is pregnant. They are afraid of producing an abortion.

Dr. Green.—The extraction of a tooth in a pregnant woman does not necessarily produce an abortion. Of course there may be instances where such an effect would follow, but if the woman is suffering and we cannot relieve her by any other means I would recommend the extraction of the tooth.

Dr. McPheeters.—There is a form of tooth-ache which is sometimes a symptom of pregnancy. The teeth are sound, and of course it would do no good to extract them. I should not hesitate to advise the extraction of a carious tooth, but in case of this neuralgia which sometimes accompanies pregnancy, I should advise against it because we sacrifice the tooth uselessly.

Dr. Hughes.—I don't suppose we can adopt any one rule that will apply to all kinds of patients. Some patients when pregnant are extremely hyperæsthetic, the hyperæsthesia extends to the branches of the fifth pair; other women who are more or less nervous when not carrying a child, seem to possess more nerve then, than at any other time; they seem to be in a better condition. I don't know, in view of the varying and variable physiological condition in which we find women in the pregnant state, that we could arrive at any definite rule applicable to all cases. I suppose, however, that Dr. Borck has reference to the propriety of extracting decayed teeth—teeth which are themselves the peripheral source of great central irritation. Of course

no one would think of taking out sound teeth to relieve a neuralgic condition. The question, ought a tooth to be extracted from a pregnant woman, is not a question upon which we could ever arrive at any definite conclusion which would embody a rule, and therefore it would be fruitless to engage in its discussion. If the question is asked, under what circumstances ought the removal of a tooth to be advised during pregnancy, you have a question that might be discussed. It is simply a question of individual temperaments, of conditions of the patient, and of the existence of centric or excentric irritation; the existence or non-existence of central or peripheral irritation. And, if a pregnant woman is extremely hyperæsthetic, and you can find a focus of origin for it in the peripheral irritation of a decayed tooth, there would be no impropriety in the majority of cases, I apprehend, in the removal of that decayed tooth. If in a condition of general nervous excitation, especially if centered in the brain or cord, you have any form of spasmodic display, and you find a possible peripheral source of the irritation, I think the general sentiment of the profession would concur in the propriety of removing that possible source of peripheral irritation. That is all there is to that question.

DR. JONASTON.—Some years ago I was called to a lady who had been married six or eight weeks. The second left molar was decayed and an abscess was forming, and protruded from the root of the tooth. The abscess was painful and I advised opening it. She consented and I took my lancet and opened the abscess. This produced a tremendous shock, and in 24 hours she aborted. This case occurring in my early practice has made me very careful about extracting a tooth from a patient during the early part of pregnancy if she were of a nervous temperament; it is a hazardous practice. But if the tooth-ache continues the reflex irritation of the pneumogastric nerve, connecting with the great sympathetic, may induce uterine contraction, and cause the woman to abort. In such a case we should recommend that the tooth be pulled. There is no rule in the practice of medicine; and no rule as regards drugs, except castor oil. I have given calomel for 20 years under the supposition that it acted on the liver, and now we are told that it doesn't act upon the liver at all.

DR. HURT.—I think we are all obliged to concede the possi-

bility of the extraction of a tooth during pregnancy producing abortion under certain conditions. There is no donbt also, that there are circumstances under which the extraction of a tooth during pregnancy ought to be advised. The loss of a sound tooth ought not to be allowed unless something is going to be accomplished by it that cannot be accomplished otherwise. But I would have no hesitation about advising the extraction of a tooth from a pregnant woman if it was absolutely necessary to relieve her from a distressing, harassing pain that was wearing her out; and in doing this we may administer an anæsthetic without interfering in the least with the pregnancy. When she is under chloroform or ether we obviate the shock which is usually attend ant upon the extraction of teeth. And experience has taught that pregnant women are very tolerant of these agents.

Dr. McPheeters.—My friend Dr. Johnston says he has been using calomel 20 or 30 years and supposed he was acting upon the liver. I have been using it 40 years and I know I have been acting upon the liver. But some years ago some scientific fellow performed some experiments upon the dog with calomel, and finding no biliary secretion, concluded that calomel does not act upon the liver. Dr. Johnston accepted this theory and threw away his experience of 30 years. We know that hogs eat arsenic in large quantities and that it produces no deleterious effects in them; and yet its effect upon the human being is most deadly. We should rely upon our experience and not take the result of these so-called scientists. Now, sir, that calomel does act upon the liver is just as certain, as that quinine is a remedy for intermittent fever, and yet I don't know how it may act on dogs. The doctor has read so much he has become mad.

Dr. Johnston.—The poet says:

> "Some books are lies from end to end,
> And some great lies were never penned."

For 100 years the doctors of England and America have been taught that calomel when taken into the system by the cappilaries selects the liver upon which it produces an irritation, and causes an increased secretion of that substance we call bile. A few years ago a hard headed Englishman examined all the secretions of the body, and amongst other things he gave a healthy man large doses of calomel, and he found that there was less bile when he used calomel, than there was when he did not.

If the doctor will investigate these matters he will find that it is not Dr. Johnston, but Dr. McPheeters who is mad.

DR. KINGSLEY.—One word in regard to calomel. Perhaps some of you may not have administered calomel in small doses. Bartholow calls the attention of the profession to the fact that one grain of calomel will act upon the bowels the following morning after its administration at night. Frequently half a grain is quite as efficient. I am in the habit of administering one grain doses and I find that it acts upon the bowels. As far as the action upon the liver is concerned. In 1865, Dr. Hodgen was lecturing on physiology, and I remember that he made the statement at that time, and I think the doctor still believes it, that castor oil had as much effect upon the liver as calomel.

SATURDAY, Feb. 4th, 1882.

Vaccination and Small-pox

DR. STEVENS.—I rise simply to request those who have not read Dr. Spinzig's article on vaccination, to procure it and read it. I was presented with a copy immediately after its publication, and thought I read it. I find now, within the last week or two, that I did not read it; I merely glanced over it. I didn't know what it contained; I was prejudiced against the position taken, so that I did not properly appreciate the work. I have recently read it and re-read it, and I advise my friends to read it; not merely to scan it, but to read it carefully; and those who have read it, to read it again and consider the subject as he presents it. I think we should consider the figures taken from the United States statistics, which he uses to back up his doctrine. The figures of deaths from contagious diseases as taken from the reports of 1870 (those for 1880 not being out), were as follows: small-pox, 4,507 deaths in the United States; from measles, 9,237, twice as many as there were from small-pox; scarlet fever, 20,320; diphtheria, 6,304. Now why do we discriminate against small-pox, and establish a pest-house fifteen miles from the city when we have twice as many deaths from measles and five times as many from scarlet fever? I simply wish to call attention to the publication of Dr. Spinzig, and I hope every member will read and consider the subject.

Dr. Williams.—I would like to inquire if Dr. Stevens endorses Dr. Spinzig's ideas?

Dr. Stevens.—I do not say I endorse his position, but I feel myself very much enlightened by having re-read the work. I don't know that I endorse his ideas, but I do know that it has modified my views considerably in regard to vaccination and specific contagion and so on. I think we have generally read this work too superficially.

Dr. Green.— I would like to make a few remarks in regard to the statistics which Dr. Stevens has brought before us. According to those statistics the deaths from measles exceed the number of deaths from small-pox. Now in the first place those statistics are wrong. We have no statistics showing the number of cases of each disease which occurred; we simply have the number of deaths. Now we know that every person has a predisposition to measles. If he does not get it when a child, he will get it when he is grown; so that the number of deaths from measles is actually very small because every person almost without exception, gets the measles. And if we did't practice vaccination, as a matter of course, I think every person would be just as much predisposed to small-pox. Of course, when a child is attacked with the measles it is liable to die; but as a rule, they get well.

Dr. Stevens.—Do you entertain the same view in regard to diphtheria?

Dr. Green.—We have diphtheria which accompanies scarlet fever, and we have it sometimes as an epidemic with scarlet fever—it is really scarlet fever without the eruption. Diphtheria is actually more scarlet fever than anything else. Now scarlet fever is certainly a very formidable disease. I don't know that it is less so than small-pox. There is no disease that is more deceptive than scarlet fever. Here you find a child who is scarcely sick at all, and then you see one who is sick in the last degree. And then there is another point in regard to taking measures to isolate these patients; we seldom see a grown person with scarlet fever. Then the predisposition to scarlet fever is not so great as it is to measles or small-pox. Whenever I see a case of scarlet fever, I say take away your children. But the predisposition to scarlet fever is not so great as the predisposition to small-pox.

Dr. Hurt.—The figures as read from the United States cen-

sus report for 1870, were: from small-pox there were 4,507 deaths, from measles 9,237, from scarlet fever 20,320. Knowing the susceptibility of the human race to these diseases, we can not say that small-pox is not quite as contagious, in early life especially, and the fact that there were 4,507 deaths from small-pox, 9,236 from measles, and 20,320 from scarlatina, is one of the strongest arguments in favor of vaccination that could be advanced.

DR. FAIRBROTHER.—I would refer briefly to a case illustrating the effects of vaccine virus upon persons already affected by the poison of small-pox. A woman came under my care with a bad form of variola, of which she died. She was a married woman and her children, three little girls, were always with her. Forty-eight hours after the eruption appeared, I vaccinated these children, not being able to procure virus any sooner. The vaccination took well in every case, and at the end of a week there were two good vesicles on the arm of each child. During the second week, and about twelve days from the date of theeruption of the mother, the youngest of the children manifested the primary symptoms of small-pox, which in due time becam edeveloped into a moderate caseof the disease, from which she recovered in about two weeks, time with little trouble. The other two, both had mild forms of the disease, with which they were not confined to their bed at all, and, on recovery, had not the slightest trace of the disorder.

DR. ANDERSON.—I think it would be interesting to call the attention of the Society to the report published in the papers lately; that there had been several cases occurring in this very limited epidemic, in which the disease had occurred more than once. I saw in the paper that there was a patient now suffering with the disease at Quarantine, who had it, this is the fourth time, in a limited number of years; and also referring to several cases in which the disease had occurred for the second time. Considering the small number of persons affected, it seems rather a remarkable fact, one that did not come within the scope of my previous experience, that so large a number of persons had a second attack.

DR. DUDLEY.—I noticed the statement that Dr. Anderson referred to in the daily papers as occurring at Quarantine hospital. A nurse at the hospital, it was said, had been affected with the disease for the third time. And it recalled to my mind the fact that when I was in connection with the prison hospital,

during the war, we had quite a number of cases of recurrent small-pox. We were scarcely ever without small-pox within the confines of the walls of the institution; we couldn't banish it entirely; it seemed as if the bunks and the quilts and the bedding, were so completely saturated with the virus that we couldn't get rid of it. And during that time I saw a number of cases of the recurrence of small-pox—some where the patients were well-marked. I don't know that I remember an instance where it occurred more than the second time; it may be that in some cases it occurred a third time. It presents to my mind a question of considerable interest, which I would like to hear discussed by those who are more competent to do so than myself. I see present, a gentleman who I remember during the war had charge of the small-pox hospital, then located on an island in the Mississippi River, and it is possible that he remembers many cases where it occurred more than once.

Dr. Hickman.—I presume Dr. Dudley alludes to me, and it is only fair for me to answer the observation made by Dr. Anderson. In the first place in regard to the article which appeared in the papers yesterday in regard to some extraordinary cases, or at least one extraordinary case of the repeated recurrence of small-pox in the same person, I must confess that on reading the article I thought: what disease had the patient when he entered the hospital, and I came to the conclusion that he probably had the measles or the scarlet fever, or else the chicken-pox. I remember that during the time I had charge of the small-pox hospital, it was neeessary to have a ward for these doubtful cases. I myself, have very grave doubts whether small-pox does recur. It is stated in *Reynold's System of Medicine*, and the article upon small-pox is written by Dr. Marson (?) who for many years had charge of the London small-pox hospital, that during sixteen years, during which time a very close observation was made of all cases, only forty-seven cases were recurrent out of five thousand, and in these cases there was no evidence of a previous attack but the patients' statements; and that during the period of the establishment of the hospital, some one hundred and fifteen years, no patient was admitted twice for small-pox, and the fact is they were led to the conclusion that there were recurrent caseas, largely from observation and from the state-

ments of the history of cases by the patients themselves. During my observation on the island for four years, and including some housand cases, I never saw the same patient admitted twice. I certainly had patients sent over there, who had pustular diseases which were not true small-pox, and it is just possible that, under the improved system in which the health department is being managed, such cases occur. I remember well that Dr. Dudley, when he had charge of the Gratot Street prison, sent me over a couple of rascals who simulated the disease so well as not to be guarded very well and before morning made their escape.

DR. SCOTT.—In my practice I have seen cases where small-pox occurred the second time well marked. The first was the case of Prof. Motling, of the High School. I was called to see him one evening, and he seemed to be laboring under a bilious attack, with a pain in the back. I prescribed for him, and next morning I made a second visit and discovered an eruption upon his face. I said to him: I believe you have got small-pox. He said: I guess not Doctor, I have had it once, and he showed me some pits well marked, upon his face. Well, I said, it looks very suspicious, but I reserved my diagnosis until the next day When I called the next day he said: "I guess you are right, I have got it." And he had a beautiful attack of small-pox, being his second attack. The next case was a little Irish boy, on the corner of Mound and Second Streets. This boy was well marked from the first attack of small-pox. He had lost one eye from a pustule that went through the coats of the eye. That little fellow had another attack and was taken to the small-pox boat. At that time they had a small-pox boat that lay at the foot of Mound Street, whichwas in charge of Dr. Puellman. The little fellow was sent on the boat and died there. Of course,I think that such cases can occur. I remember that, after seeing the first case of scarlet fever occurring twice in the some patient, I met my old teacher, Prof. Lytton, and as it was something new to me to have scarlet fever occur twice in the same patient, I said to him: "What do you think about this, I have been called to a child and the mother tells me it has had scarlet fever before?" "Oh" says he, "they can have anything twice but hydrophobia." And I think that is about the fact.

DR. HICKMAN.—I know that the statistics of the London

hospital show that it has occurred where the patients stated that they had had the disease earlier in life; but my observation has led me to the conclusion that patients are very often deceived; because I have seen a great many children pitted by attacks of chicken-pox, and other pustular diseases which leads them to appear later in life as if they had varioloid.

Dr. Pollak.—I can state that I have at present under treatment a girl on whom vaccination has taken beautifully, and yet she had small-pox five or six years ago. She is an inmate of the school for the blind. She is very well marked from the small-pox. Now, as the vaccination has taken, I conclude that she would have been susceptible to the poison of small-pox if she had been exposed to it. And further, in my earlier practice I attended a man who had small-pox, and a very bad case; he got over it however and was married several years after, and had a family, when he was again taken with small-pox.

Dr. Johnston.—In regard to the recurrence of small-pox, I would say that some years ago I was called to two little girls who had the small-pox, and both recovered. In July following, a girl in the next house was taken with the small-pox and these little girls went in to see her, and one of them took the small-pox again and recovered. This was in 1863 and Dr. Tuholske was in charge of the dispensary, and he observed the same thing in another child. Students of the history of small-pox know that it does recur if human evidence can be believed. Anyone who reads Gregory's work cannot doubt this.

Poisoning from Sulpho-Cyanide of Mercury.

Dr. Love.—I might relate a case that came under my observation yesterday afternoon which was very interesting and novel to me. About three o'clock I was called hurriedly to see a patient about a block from my office. The messenger stated that it was a child who had been poisoned, and as I hurried to respond to the call, I revolved through my mind the various forms of poisons and their antidotes. When I arrived at the house they told me that the child had swallowed something, the composition of which they did not know. Then they explained to me that they had in the house a toy, possibly some of you have seen it, they are sometimes represented as dogs, and then a small piece of substance, as large as a grain of wheat, is placed in the fundus and set a fire, and there is an abundant discharge.

In this case the toy represented a boy and the portion of substance was put in the mouth representing a cigar; this was lighted and then you have the representation of a small boy sick from his first cigar; there is a very free discharge from the mouth. This at once suggested to my mind the toy known as Pharaoh's serpent, which is usually made about an inch long, and of a conical shape, and the first thing that entered my mind was, what is the composition of it? I thought it was probably corrosive sublimate, and on general principles I asked for lard and eggs. I took three of four of the eggs and forced them down the child's throat; I then got it to drink some milk, and in the meantime a servant had gone to a drug-store three or four doors off for some ipecac, and I gave three or four teaspoonfuls forcibly, as the child was only 19 months old; so that I could'nt consult it. I then forced some hot water down its throat and stuck my finger as far down as I could. There was thorough emesis and I, as well as the other occupants of the room, was covered with the contents of the stomach. I then filled it up again with warm water and stuck my finger down its throat again. This was instead of the stomach pump, and answered the purpose. The child vomited directly. I then started to the drug store to ascertain the composition of the toy, and on the way I met Mr. Hollister who formerly had a drug store on 14th and Market, and asked him if he knew what the composition of Pharaoh's serpent was. He said it was a solution of cyanide of mercury. Well I felt that this was probably somewhat similar—that it was a corrosive sublimate, and that I had'nt been very far wrong. I then investigated by looking into Parish's Pharmacopœia, and I found a description of the toy; and found that I had done about right, except that I should have given some sulphate of iron. I took some with me, with a view of giving it to reach any that had been retained in the stomach. When I returned in about ten minutes, I found that the child's mouth, neck and hands upon which the contents of the stomach had fallen, were almost blistered. This was still farther evidence of the corrosive character of the substance. I then filled the child up with a solution of iron and bicarbonate of soda; and soon after this was vomited, I commenced to give vaseline, maltine, etc., for their soothing properties. I called again in an hour and found the child ready to play in its mother's lap, but as it had vomited again once or twice, I prescribed creosote, bismuth and lime-

water. I saw the child late last night and found that where it had touched its face with its hands when they were covered with the matters thrown from the stomach it was almost blistered. The eyes were nearly closed. I applied the same treatment that I had given internally, using lime-water and so on, and this morning the child was very comfortable, playing about the room. The swelling had subsided. I don't know that there is any evidence of gastritis, and I hope we will not have. It seems to me that it is a great outrage that such dangerous toys are sold. I must admit that I did not know the composition of that particular toy before.

Dr. Fairbrother.—I would like to ask Dr. Love if the parents knew anything about the toy, or whether the child had eaten the toy? I understand that it is hard and insoluble, and not sweet. The question is how the child got it in its mouth?

Dr. Love.—This child was only nineteen months old and would swallow anything that it could get in its mouth.

Dr. Hodgen.—I knew a child that swallowed a jack-knife.

Dr. Johnston.—How large was the jack-knife?

Dr. Hodgen.—About as long as my index finger.

D . Johnston.—How old was the child?

Dr. Hodgen.—One year and five months. It passed without any discomfort.

Dr. Williams.—In connection with the case of Dr. Love I will say that I saw Dr. Frazier, some time ago resort to a novel method to cause vomiting. A young child next door to my house took spasms from some cause. Supposing that there was something in the child's stomach that caused the spasms, we gave the chloroform and Dr. Frazier took a chicken feather and ran it down the child's throat. The contents of the stomach were thrown out and there were found several large pieces of unmasticated pickle and several other things, which evidently were the cause of the spasms. After getting these things out, the spasms ceased. But it struck me as being a novel mode of getting emesis.

Dr. Hughes.—I recollect trying that experiment in a case once when I first began the practice of medicine as a country physician. A patient of mine took five drachms of the acetate

of lead instead of a powder composed of calomel and jalap which I had prepared. I undertook to excite emesis by the method that I had learned from my old preceptor. I took turkey feathers and manipulated until I had worn out a dozen feathers in my fruitless efforts. The patient recovered.

Toxiphobia.

If there is nothing else before the society I will relate an interesting case of toxiphobia. You will remember Mr. President the case which I had with me when we were lately together in Illinois. These cases are not uncommonly associated with other forms of mental disease, and may pass into grave general forms of delusional insanity, though they frequently remain as monomania for life. Hammond calls this symptom mysobia; but before Hammond it was called toxiphobia. It is a symptomatic expression of mental disease that is rather exceptional, and it is well when one encounters such cases to make a record of them. This boy is 14 years of age and is the youngest patient in whom I have ever seen this phenomenon manifested; and I believe he is the youngest child in whom I have ever seen it recorded as appearing. It usually occurs in adults, and I believe that all the cases reported are of adults. Some two years ago Dr. Willis King of Sedalia, consulted me in regard to a case of pyrophobia in a little boy, which had for its foundation malarial congestion. The boy recovered under treatment. The boy would be the first one up in the morning and would hasten to the stove or fire place and remove the fuel, and interfere with the making of the fire, and attempt to put the fire out when kindled. His dread of fire was constant. The mental characteristics of this boy patient of mine are not unlike those of other boys except in this morbid fear of being poisoned. It had its origin in a disturbance of the brain produced by the discharge of a small toy pistol; a comrade snapped one of those toy pistols close to his ear twice, and from that resulted headaches, and fever and general disturbance of the head. During the last four months there has been no appreciable cause of the trouble. The boy had a slightly adherent prepuce, and circumcision was performed with a view of removing any possible reflex source of irritation, but without avail. The boy's general health is moderately good. He is not as active as he ought to be, and he lacks that mental spontaneity which is characteristic of

boys of his age. His mental powers are good in every particular with this single exception. He is not so playful as other boys, owing to the fact of the presence of this predominant idea. The idea first arose in his mind on seeing Paris green sprinkled on potatoes. Being an intelligent boy he knew what Paris green was, and associated it with the idea of poison. Then he read in some sanitary reports at his father's house that there was arsenic in the geeen wall-papers and he therefore dreads green paper. When he comes in contact with certain persons he always washes his hands to get rid of a supposed contamination. The boy has no malarial trouble, and there is no perceptible cause for it. I have watched him when asleep; and I had him at my own house; but he took the same delusion in regard to being poisoned in my house. There was a green colored foot tub in the bath room, and the dado in my dining-room has a predominance of green, although the upper part is gold; but he didn't think that was a good place to eat, and it became necessary to secure another place for him to board. I did so promptly in order not to lose the boy's confidence and in order to secure restoration. I expect he will recover. Such cases in this stage usually recover if the brain and general health are kept in good condition, and the patient constantly diverted from his delusion.

Dr. Dudley.—Do you think his brain was diseased before this condition set in?

Dr. Hughes.—Yes; certainly, I think it was. I regard it as the result of disease. Now I want to make some deductions from this and similar cases. Here is a case of undoubted mental aberration circumscribed in its character. There is little doubt, that this trouble has had its origin in this boy's head from the effect of the discharge of the pistol. The physician who sent the boy to me was of this opinion. Dr. Brower sent him to me, and he is quite skilled in the detection of mental diseases and their causes. Now in this connection I will relate another case, one of kleptomania. We have often heard it said from very prominent sources that kleptomania is only and always stealing; that dipsomania is always drunkenness; and that moral and emotional insanity are terms invented for the purpose of shielding crime. Now these examples occur sufficiently often to convince any observing man, if they are carefully observed, that monomania is a fact of observation; that the human mind may

act in such a way as to form morbid conclusions in certain directions in consequence of disease.

A man was brought into court in Calloway County for stealing a number of valueless things, and finally a horse. He kept the horse three days going only six miles. His neighbors doubted his insanity and said there was nothing the matter with him, that he had stolen the horse with a purpose, and yet he hadn't gone more than six miles in 72 hours. That man was undoubtedly insane, and so his subsequent life proved, for he grew worse and was sent to the State asylum in a very maniacal condition. The Superintendent of the Fulton asylum told me, I think, he died at that institution. In the case of pyrophobia in the boy referred to, the boy was able to go to school, and nobody would suspect the existence of mental aberration. There is a practical point in these isolated cases of maniacal display; they show that the mind is capable of acting rationally on a wide range of subjects, and yet of becoming disturbed and acting abnormally by reason of morbific changes taking place probably in limited portions of the brain. Cerebral localization and monomanias confirm each other. Whether the mind acts *per se*, or whether it is an entity acting upon the brain in the healthy state, or whether it is an emanation from the brain, a secretion, function of the brain as well, is immaterial. No theoretical conception of this kind should be permitted to clash with observed facts No careful observer takes his metaphysical conceptions into the sick-room and permits them to modify the actual function as he sees it displayed. Then why should physicians, in reasoning upon mental phenomena on the witness stand or elsewhere, permit any sort of metaphysical preconception as to what the mind is in his opinion, interfere with the display of mind as he sees it in the patients themselves. You can not, and ought not to endeavor to reason facts out of existence.

Dislocation of the Hip Joint.

DR. HODGEN.—I had a case of dislocation of the hip backwards of two week's standing. A boy had fallen through a hatchway and continued to work during the two weeks immediately following the accident, and up to the time of his admission to the hospital the day I saw him. He did not complain of any pain except when he stepped on the toes of the foot, and then there was not much pain; when he was lying or sitting

there was no pain whatever. There was no particular swelling about the part, and no increased sensibility. He remained at work constantly, and walked about; his business was walking from one part of the house to another. He worked in a pork-house. The shortening was about two inches, and the thigh was drawn forward and couldn't be brought down to the line of the axis of the body.

Article XLVI.

Twelfth Congressional District Medical Association, of Missouri.

The fourth annual session of this body was held in Macon, Nov. 24th and 25th, 1881.

The following officers were elected for the ensuing year:

Presidents—J. D. Smith, M. D., Shelbina, Mo.

Vice-President—(One from each County):

J. Moran, M. D., Adair County.
J. Parish, " Scotland "
Sam'l Neeper, " Clark "
W. F. Mitchell, " Schuyler "
A. C. Berry, " Putnam "
E. D. Helm, " Knox "
W. V. Yates, " Macon "
R. N. Turner, " Shelby "
J. C. Hearne, " Marion "
R. C. Risk, " Lewis "

Recording Secretary—W. F. Morrow, M. D., Laplata, Mo.

Assistant Recording Sec'y.—Dr. C. L. Brown, Glenwood, Mo.

Corresponding Sec'y.—A. J. Norris, M. D., LaPort, Mo.

Treasurer—H. D. Matthews, M. D. Clarence, Mo.

Visiting Physicians—Willis P. King, M. D., Sedalia, Mo.

John Petty, M. D., Jacksonville, Mo.
J. Basket, " Moberly, Mo.
W. Byrd. " Quiney, Ill.

The forenoon session, after the election of officers, was taken up in the presentation and discussion of interesting cases.

The afternoon session was opened by an address by Dr. Byrd, and followed by Dr. King and others.

The evening session, at Bearne's Hall, was opened by prayer, by Rev. J. A. Mumpower, followed by an address of welcome by Rev. J. S. Thompson; a written address by Dr. T. J. Norris, subject: "The evils of the present system of Education," and an address by Dr. Willis P. King, subject: "The Quack Doctor and the Regular Physician."

At this session Bearne's Hall was well filled, and the entire programme apparently much appreciated by the audience.

The business of the association having all been transacted the first day, the sessions of the second day were taken up with the presentation and discussion of cases much to the interest and benefit of all present.

The Association adjourned to meet at Glenwood, Schuyler county, early in May, 1882. Due notice will be given of the day.

J. D. SMITH, M. D., President.
W. F. MORROW, M. D., Secretary.

Periscope.

Article XLVII.

MATERIA MEDICA AND PHARMACOLOGY.

Effects of Drugs in Lactation.—Dr. Dolan, continuing (*Practitioner*, September, 1881) his series of articles on this subject, from which we have already quoted, gives a case where fifteen grains of *chloral* were given to a patient every few hours before confinement, until seventy-five grains had been taken. No trace of chloral was found in the milk on the third day; but Dr. Dolan thinks chloral does have effect on the milk.

Calabar bean has been suggested as a means of restoring the suppressed secretion of milk. Dr. Dolan tried this remedy, but without effect on the flow of the milk.

Cod-Liver oil was given to two nursing women in the dose of one tablespoonful three times a day in a cup of warm milk. The children nursed as usual, and no physiological effect was produced on them. Linseed tea, beef fat, and mutton fat were administered to women with a view of ascertaining what, if any effect would be produced upon the amount of breast-milk secreted. In two cases effect was produced.

Castor oil was given to mothers in a number of cases. It always produced a purgative action on the child.

Of *cummin*, as of other aromatics, Dr. Dolan says, "I believe that I may formulate the law that they all impart a flavor and odor to human milk, without increasing the quantity or improving the quality of the secretion."

Of *conium* he remarks, "Most of the Umbelliferæ are readily absorbed by the lacteal vessels, and may be easily found in the milk. Conium, from its sedative action and its influence on the nerves of motion, could not be expected to increase the milk-supply. There are reasons, however, for its administration to mothers who are nursing, so that it is important to note how soon, if at all, it appears in the milk, and what dose produces an effect. Conium, praised by Störck for the cure of uterine scirrhus,

and by Dr. Tunstall for chronic inflammation of the womb, is an excellent sedative for back-ache and for the sexual organs. It must be given until its physiological effects are produced, and this means a dose of the succus conii B. P. of two or three drachms.

He administsred two-drachm doses of the succus conii every three hours to a patient until she had taken twelve drachms. Analysis of the milk then showed the absence of conium.

Digitalis infusion, in half-ounce doses every six hours, was given in three cases without any trace of the medicine being found in the milk.

Regarding *ergot*, Dr. Dolan says his results are negative or uncertain. Two grains every two hours were given to a nursing mother until twelve grains had been administered. The mother thought the child was affected, as it was cross and irritable. No ergot could be found in the milk, although it must be admitted that our present methods of analysis are unsatisfactory.

Of *iodide of potassium* Dr. Dolan says that in his experience it does not decrease the quantity of milk, although its prolonged use may deteriorate the milk by impoverishing the blood. He found iodine in the milk of a patient who had taken fifteen grains of iodide of potassium every three hours until sixty grains had been taken. A child eighteen months old, who had been given the milk from a woman taking iodide of potassium, showed iodine in the urine.

Of *mercury* Dr. Dolan's experience is inconclusive. In the two cases examined, no trace of mercury was found in the milk.

Opium, when given to the nursing mother in large doses, can be found in the milk. After small doses it cannot be detected.

Phosphorus was given to two nursing women in doses of one-thirtieth of a grain for fourteen days without any trace of the drug being found in the milk or urine. The *potash salt* and *quinine* do not, in Dr. Dolan's experience, pass into the milk. *Rhubarb* and *senna*, however, do, and produce their physiological effect on the nursing child. *Sulphur* and *turpentine* administered internally, affected the milk, the former acting as a mild purgative on the nursing infant. *Valerian*, and *copaiba* are also excreted by the milk.—[*Medical Times.*

DR. J. MILNER FOTHERGIL ON USE OF MALTINE.—In order to

aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel, etc., without interfering either with its attractiveness in appearance, or its toothsomeness; indeed, its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.—*London Practitioner.*

RATTLESNAKE POISON.—Dr. Lacerda Filho has published the results of his experiments on the poison of the rattlesnake (*crotulus horridus*) in the Archivos da Museu Nacional do Rio de Janeiro III–I. This poison acts upon the blood by destroying the red blood corpuscles and by changing the physical and chemical quality of the plasma. The poison contains some mobile bodies similar to the micrococcus of purtrefection. The blood of an animal killed by the snake bite, when inoculated to another animal of the same size and species, causes its death within a few hours, with the same symptoms and the same changes of the blood. The poison can be dried and preserved for a long time without losing its specific quality. Alcohol is the best antidote to the poison of *Crotulus horridus* known until now.—[*Medical Annals.*

ŒNAS AFTER AS A VESICANT.—In the *Siglo-medico*, Prof. Armengué, of Barcelona, detailed several experiments which lead him to recommend the œnas afer as a vesicant. The preparation is said to be prompt and certain in its action, and never painful. In every case the insensibility was extraordinary. The serum was clear and abundant, except in one case, in which it was bright yellow. No genito-urinary symptoms were produced, perhaps on account of the small quantity employed. The œnas afer is an insect whih is quite common in certain parts of

Spain. The author thinks it should rank higher than, or as high, as the cantharis.—[*Medical Record*.

ARTIFICIAL HUNYADI JANOS WATER.—The natural Hunyadi Janos water was observed to be an efficient, safe and agreeable purgative in many chronic cases. It is, however, found to be too expensive for hospital use, and it was resolved to try it artificially. At first it was made according to Liebig's analysis of the natural water, but this was perceived to be too weak, and it failed to produce purgative action. Ultimately it was made thrice the given strength, according to the following recipe:—Sulphate of magnesia, 514.92 gr.; sulphate of soda, 519.54 gr.; sulphate of potash, 2.76 gr.; chloride of sodium, 39.15 gr.; bicarbonate of soda, 15.60 gr.; water, 16 oz. Dose, two ounces and upwards. It will be observed that the chloride of calcium is omitted, but the proportion is so small that even when it was included there was no difference in the action. This inexpensive mixture, made for a penny a quart, can be effectually recommended. It will be found to possess every advantage attributed to the natural variety, the necessity for buying which seems to be done away with.—[*Canadian Journal of Med. Science*.

PRACTICE OF MEDICINE.

VESICAL CALCULI WITH NUCLEI OF BONE.—In the *American Journal of the Medical Sciences* for Oct. 1880, Dr. J. M. Banister, Assistant Surgeon U. S. A., reported the successful removal of a calculus and necrosed bone by the operation of lateral lithotomy from the bladder of an Indian scout, nineteen months after the reception of a gun-shot wound. In the January number for 1882 of the same Journal, Dr. Banister describes the exceedingly interesting pathological specimens removed from the bladder after the death of the patient.

The calculi discovered in the vesical cavity proved of the greatest pathological interest. The larger of the two, evidently, from its shape and size, the one left encysted at the lithotomy in 1880, was ovoidal in shape and weighed 244 grains Troy; its surface was thickly coated with crystals of ammonio-magnesian phosphate. Upon sawing through this calculus, there was found a well-marked *splinter of bone playing the part of a nucleus*, while the mass of the stone was composed of phosphatic matter arranged in concentric layers. The smaller body, more irregular

in shape was also coated with crystals of ammonia-magnesian phosphate, and weighed 77½ grains Troy. Its mass was found to *consist chiefly of necrosed bone*, around which was its phosphatic envelope. It is probable that the nucleus of the larger stone had the following origin. The wounded anterior wall of the bladder having, in consequence of the inflammatory process, become adherent to the injured pubic bone, a splinter, chipped or possibly exfoliated from the bone in question, remained in the wound and served as a nucleus for the phosphatic deposit. This stone had evidently been liberated from its sac by the ulcerative process, and had dropped into the bladder fundus some months before the patient's death.

In the case of the smaller formation, the origin of the nucleus cannot be so definitely traced. It could not possibly have remained in the cavity of the bladder at the conclusion of the lithotomy *a year before*, as every precaution was then taken to avoid such an oversight, and at the time of the patient's departure from the hospital he was suffering from no symptom referable to such a cause. It is very probable, therefore, that, like the bone fragments removed at the lithotomy, it made its way into the bladder by ulcerative absorption, having in the first instance been splintered from the sacrum and driven by the force of the ball into the bladder-wall; that it was not a *recent exfoliation* was proved by the absence of signs of present necrosis affecting the pelvic bones, as discovered at the *autopsy*, and by the non existence of fistulous tracks.

This case is the fourth instance of calculous formation about bone fragments in cases of gunshot wound of the bladder reported in the United States; while only sixteen cases are on record in the surgical histories of all countries.

OBSTETRICS AND GYNECOLOGY.

CASE OF TUBULAR PREGNANCY.—About the middle of July last I was requested to see Mrs. C., about 11 p. m. She had been in her usual health, and had walked to a friend's house in the town leaving there about 9 p. m. with her husband. She had not gone more than a couple of hundred yards when she complained of great faintness and pain in the abdomen. Being quite unable to go farther, she was taken into the house of an acquaintance, and was put to bed. As she was retching violently, she had been given some brandy before I saw her. On arrival at the house I

found that she had eaten a very hearty tea of celery and cold meat, and I was inclined to think it was a case of flatulent colic. *She had not, however, seen any menstrual fluid for ten weeks*, and at this time a slight sign was noticed. I examined the areolæ round the nipples, and concluded she was pregnant. I prescribed an opiate, and did not anticipate anything serious. She slept at intervals during the night, and only occasionally complained of pain, but in the morning she became worse, and her friends sent for me at 8 a. m. On getting there I found her dying, and I remained till she died, a period of about a quarter of an hour. I did not feel justified in certifying to the cause of death without a post-mortem examination, and an inquest was held on the case. On opening the abdomen a very large quantity blood was found —I should say about eight pounds weight—entirely filling the cavity. Beliving that she was pregnant I removed the blood from the addomen and examined the pelvic organs, and on the right Fallopian tube, near its opening into the uterus, I discovered a round cyst of about the diameter of a sixpence, which had ruptured, the impregnated ovum having escaped into the abdomen. Hæmorrhage occurred from the point of rupture, and consequent death. The uterus was quite healthy, but just about twice the size of the virgin uterus, and weighed about three ounces. I have never seen such a well-marked case of tubular fœtation, and the danger in these cases must be very great, when, as at this early period, the Fallopian tube burst from over distension. I think the fatal results of this case may be considered as strong argument in favor of operation, when a diagnosis has been made out. In this case no diagnosis had been asked for, and I doubt the possibility of it having been successfully arrived at, had I attempted it.—[Dr. J. G. Davidson in *Australasian Medical Gazette.*

A SUCCESSFUL CASE OF HYSTERECTOMY.—Dr. Goodell had a patient, a mulatto of thirty-five, who had cystic degenerations of each ovary. The pelvic and intestinal adhesions were of the most formidable character, making in themselves a long and a bloody operation. But in addition to these complications, each ovary was so incorporated with the womb that he was obliged to remove that organ. This he did by dissecting off the bladder, by applying the wire clamp at a point midway between the os externum and the os interum, and by transfixing the stump with

two pins. Strange as it may seem, on the fourth and fifth days quite a smart menstrual flux—or, rather, a metrostaxis—took place from this small cervical fragment. The clamp fell off on the fourteenth day, leaving a very large and deep funnel-shaped opening, which is rapidly filling up. It is now three weeks since the operation, and the patient is convalescent. He stated that ovarian tumors are rare in the colored race, this being the second case only which he had seen. On the other hand, fibroids of the womb and fibro cystic tumors are more common with them than with the white race.—[*Medical Times.*

DISEASES OF CHILDREN.

INWARD FITS IN CHILDREN.—Dr. Charles Bell writes on this subject, in the Edinburgh *Medical Journal*, December 1881:

This is a common disease in infants within a few months after their birth. The child lies as if asleep, but the eyelids are partially open and have a twinkling motion, the eyes are turned up so as to show the white, the muscles of the face and lips have a tremulous movement, producing the effect as if the child were smiling—a circumstance which has given rise to the beautiful idea that angels are whispering to it, which has been finely illustrated by Moore in his Irish Melodies, under the name of "The Angel's Whisper." As the disease increases the breathing is occasionally interrupted, the features become pinched, and a livid circle forms around the mouth and eyes. There is restlessness and starting during sleep, and the child is disturbed by the slightest noise, and sighs and brings up wind, after which it relapses into a drowsy state. In simple and mild cases the attacks generally disappear as the child's strength improves; but if it is improperly treated, the drowsy state increases, and a sort of thrush appears, accompanied by feverishness, sour vomiting, watery stools, grips, which may terminate in regular convulsions.

Dr. Armstrong has divided this disease into four stages, viz.: 1st, inward fits; 2nd, fever and thrush; 3rd, sour vomiting; 4th, convulsions. Underwood did not consider it worthy of being called a disease, and that he knew no complaint which ought to be called "*inward fits*;" the symptoms described above were worthy of attention only from the risk that they might pass insidiously into regular convulsions—an amply sufficient reason

for their being carefully attended to and means taken for their being removed.

The incipient stage which occasioned the name may occur at very early periods, and the earlier it does so, there is the greater danger to be apprehended. Nurses often use the terms on insufficient grounds, and in consequence the mother is apt to become needlessly alarmed, and to have recourse to very improper medicines, such as Dalby's carminative, Godfrey's drops, Soot drops, etc., which are liable to produce serious results.

It has been connected with spasm of glottis, with acute asthma, the peculiar species of convulsions, cerebral croup, laryngitis stridulus, thymus, asthma, or spasmodic croup by different authors.

TREATMENT.—It is clear that the symptoms which have just been described are the result of something irritating the bowels, and th aa dose of magnesia will in general be sufficient to remove it. Should this not be the case, it may be necessary to attend to the state of health of the nurse, and to give the child the benefit of change of air.—[*Canada Med. Record.*

FŒTAL CIRCULATION.—Dr. W. F. Glenn, in a paper on the above subject in the *Southern Practitioner*, comes to the following conclusions:

1. That the fœtus is entirely supported by arterial blood carried by the umbilical vein from the placenta, and that blood is mixed with venous blood in the inferior vena cava before circulating through the system.

2. That the blood from the left ventricle is distributed through the entire aorta and its branches in exactly the same manner as in the adult.

3. That the ductus arteriosus, acts as a conducting tube, directing the venous blood from the right ventricle into the descending aorta, in order that it may reach the placenta through the branches of the internal iliacs, known as the umbilical or hypogastric arteries.

4. That the reason the head and upper extremities are better developed at birth than the lower, is because they have a better supply of arterial blood. The reason they have a better supply is because the blood that goes to the head is only diluted with

that of the inferior vena cava, while that which goes to the lower extremities is additionally diluted by mingling with the venous blood from the right ventricle, through the ductus arteriosus.

It is not a larger amount going to the upper than the lower extremities; but that which does go, is of a better quality.

DEFECTIVE HEARING IN CHILDREN.—Dr. Weil, of Stuttgart, has during the last years examined 4,500 school children in reference to their hearing. The examination, which included boys and girls of all social classes, yielded the following results: (1) A normal ear can in a quiet neighborhood hear whispering of ordinary loudness at a distance of twenty to twenty-five metres; (2) defects of hearing are exceedingly common—in the public schools 30 per cent of the children were found to have imperfect hearing in one ear, while a still larger percentage were found not normal; (3) among the children of well-to-do parents the figures are more favorable than among those of the poor; (4) the percentage of defective hearing increases with age; (5) country schools yield relatively better results than city schools. Most of those whose hearing had been found abnormal had never been subjected to any treatment, and many had no suspicion even of their failing, just as in cases of color-blindness. Not a few of these children had been considered and treated as "inattentive," and justice demands that in the future every "inattentive" child be examined with reference to its ears.—[*Vienna Neue Freie Presse.*

MENTAL AND NERVOUS DISEASES.

CEREBRAL PATHOLOGY.—The latest general pathological proposition relating to the encephalon have been given by Seguin, as follows:

1. Lesions of the basis cerebri, especially if involving the pons varolii and crura, give rise to the following symptoms: Paralysis, anesthesia in the face and limbs, impairment of equilibrium, changes within the eyes; no psychical symptoms.

2. Lesions of the great basal ganglia probably produce no symptoms unless encroached upon by the internal capsule which passes near them.

3. Lesions of the white center of the hemispheres produce no symptoms when they do not involve the parts composing the

internal capsule. If the anterior portion of this capsule be injured, we observe paralysis; if its posterior part, anesthesia.

4. Lesions of the cortex cerebri produce, when located anteriorly, psychical symptoms; when located in the median regions, paralysis of an imperfect kind; and when situated posteriorly, no symptoms at all.

5. Lesions of the cerebellum produce no symptoms except by involving adjacent parts containing important motor and sensory tracts, thus giving rise to irregular paralysis, change in optic apparatus, symptoms of irritation of the vagus nerve, etc.

6. Lesions of one half of any part of the encephalon produce motor and sensory symptoms in the side of the body opposite to the lesion. When the lesion is in one half of the basis cerebri some symptoms are found in the side of the face and head corresponding to the lesion, others in the opposite half of the body.

7. Lesions in the median line cause symptoms to appear in both sides of the body.

8. Any intra-cranial lesion which acts in such a way as to increase the intra-cranial pressure may produce, in addition to other symptoms, the condition known as choked disk or neuro-retinitis.—[*Louisville Medical News.*

THE EYES IN INSANITY.—A truce to the nonsence, written and talked, about the "appearance of the eyes" as an indication ot insanity. Excluding certain peculiarities with reference to the relative size of the pupils and the mobility of the irides, which, albeit they are not in the least degree understood even by the most erudite of experts, are commonly spoken of as pathognomonic sings of mental disease, there are *no* appearances of the eyes worthy of a moment's serious consideration in the diagnosis of insanity. The "wildness," "unnatural brightness," "restlessness," "dulness," "vacancy", etc., which are so frequently mentioned in certificates of insanity, are utterly valueless as evidence of mental unsoundness. If the Commissioners in Lunacy were not either experts—in asylum practice—or lawyers, we should find the majority of certificates in lunacy rejected on the ground of their utter worthlessness. There is incomparably more restlessness, vacuity, and the like in the eyes of the sane than in those of the insane. Ophthalmic investigation may be expedient, and, under certain morbid conditions of the brain, the deep structures of the eye may—though we cannot say must—

furnish indications of disease. The pupils also may be affected; and in obedience to the laws of blood-pressure, the eyeball may be turgid or flaccid, or it may, of course, be compressed or allowed to fall loose, and become more or less modified in its form by any morbid or disorderly action of the muscles that surround it when the patient is insane, but the conditions favoring these "appearances" are identical in the mentally diseased and the mentally sound. Speaking generally, the expression, not of the eyes alone or particularly, but of the face as a whole is apt to be misleading in insanity. When a settled or formulated expression has become fixed or habitual, the case has reached a point of development, or exhibits other symptoms, which render the mere "appearance of the eyes" of little or no moment in the diagnosis; whereas, at the outset, when the discrimination is difficult, this so-called appearance is more likely to lead the observer astray than to enable him to judge the state fairly. We are strongly of opinion that the evidence of "the eyes" should be excluded from certificates, and disregarded by those who have to determine the existence or non-existence of insanity. The clinical investigation of mental disease is just as precise and elaborate a process as the clinical examination of a case of physical disease. The scientific medical psychologist dsoe not ask a few capricious questions, and either guess the state of the cerebrum or arrive at the truth by some intuitive genius. If he is what he professes to be, he tests each function of the brain separately, trying it by definitive tests and standards, and thus ascertains the condition of the organ as a whole. If science has not placed the brain on a footing with the liver and the kidneys as regards the study of its functions, it has done nothing. It is important that this should be clearly recognized. In a word, psychology is *physiology*, so far as the physician is concerned; and no man can be anything else than a charlatan in mental practice unless he is a physiologist.—[*Lancet.*

CEPHALIC GALVANIZATION FOR EPILEPSY.—After ten years of satisfactory trial, we can speak with some confidence of the value of cephalic galvanization as an efficient auxiliary in securing permanently curative results in the treatment of many of these cases.

It may be regarded as claiming too much, but the statement is verified by experience, to say that fully one-half of our cases

including epileptoid disease and traumatic epilepsia, have apparently recovered after eighteen months of electric treatment, conjoined with the bromides, Fowler's solution, and sometimes chloral hydrate. Strychnia, nitrite of amyl and nitro-glycerine have in some cases been superadded for special indications. Twelve cells of an ordinary constant current portable battery—the Galvano Faradic Company's, or McIntosh—for five minutes every alternate day are sufficient to tranquilize the cerebral cells, and so impress the cervical sympathetic as to aid in bringing about that stability within the brain which makes the discharging lesion an impossibility in curable cases. Sponge electrodes should always be used, and a painless, unirritating, steady current employed. Of the remaining half of our cases, the paroxysms in very many have been kept in permanent abeyance by this means, and all have been more or less benefited. We are at a loss to understand why any author pronounces epileptoid more difficult to subdue than epilepsia. We have not found the fomer less manageable.—[*Alienist and Neurologist.*

SURGERY.

EUCALYPTOL IN WOUNDS.—The use of eucalyptol as a dressing for amputations, or any contused or lacerated wound cannot be too highly commended. That its efficacy in separating dead from living tissues, cannot be excelled, or its power to lessen suppuration exceeded, is a fact that its use will demonstrate to all. It is decidedly the best dressing for recent wounds that I have ever tried, and its results in a case of railroad accident, which recently came under my care, fully bear me out in that opinion I expressed, that the local use of eucalyptol in contused wounds can not be too forcibly dwelt on. In this case the right arm, the left leg, and removal of all the toes except the great one, of the right foot, together with a compound dislocation of two fingers of the left hand besides several minor wounds, occurring in an old gentleman of seventy-four years of age, afforded ample field to test its qualites as a local application. He is fully recovered and able to move as well as his maimed condition will permit, and what is left of him, is in sound bodily health. —[E. Batwell in *Detroit Clinic.*

SPONGE GRAFTING.—Such is the name applied by Mr. D. J.

Hamilton, to a method of filling a vacuity with a prepared antiseptic sponge, which becomes organized, through its similarity to the growing tissue, and aids materially in the process of filling up a vacant part, as after excision of a tumor, etc. There is considerable novelty in this suggestion, and it may prove to have wide applications in the surgery of the future. Mr. Hamilton has a paper of thirty pages, with numerous illustrations, on this topic, in the Edinburgh *Medical Journal*, for November, at the conclusion of which he says:—

So far as I see at preasent, the method of "sponge-grafting" seems excellently suited for growing new tissue where that is insufficient to cover a part or to allow of stretching, but whether it may not have a wider range of application remains for future experience to demonstrate. The only objection I perceive to its application is the somewhat long time required to organize it. During the first ten days I found that a part of a sponge placed in the abdomen had organized from an eighth to a quarter of an inch, but it always happens that one part organizes quicker than another, and hence, although in a large wound one part may throughly organize in, say a month, other parts of the same sponge require longer. I cannot see, however, what objection there would be to the patient going about if this were practicable, after the sponge had once become fixed. On the contrary, I should think that this might actually, in certain cases, exert a beneficial influence upon the organizing powers of the tissue. —[*Medical and Surgical Reporter.*

THE ART AND MYSTERY OF "BONE-SETTING".—The only mystery about that vaunted success of bone-setters lies in their boldness, an audacity bred of ignorance. Knowing nothing of the risks attending the violent jerking of dislocated limbs back into their sockets with the tearing away of adhesion and the rupture of tissue, they apply force in a degree and with a directness which few scientific surgeons would dare to employ. In a considerable proportion of cases no evil consequences may ensue, and the violence of the unskilled is rewarded. It is, however, scarcely fair to call these persons unskilled. There is a rude art about their proceedings. It consists in acquiring by manipulative investigation a knowledge of the way joints work under natural conditions, and by inference how they may be put out of gear. In this rough knowlege, which is of a sort with that

which the able-bodied seamen possesses in regard to ropes, sails, and rigging of his ship, the successful bone-setter is generally expert. He knows no more of the vital mechanism of the human body than the sailor knows of navigation; and though he may be able to haul and jerk, he cannot either know what he does or determine when and how force may be safely applied or would prove dangerous. It is strange that the intelligent community should trust their limbs—and lives to bone-setters. Nothing but blindness to the ignorance of those they employ can explain the fact that they frequently do so. It is desirable that the facts with regard to the sort of success bone.setters sometimes achieve should be clearly understood. It is the success of the man who by a lucky jerk of the wrist may chance to pull out a tooth which a skilled dentist would scarcely dare to attempt to draw. That blacksmiths can and do extract teeth, and bone-setters can and do reduce dislocations which surgeons have not had the hardihood to tear away from their false positions and force back into their sockets, no one can deny; but that these feats are accomplished by dint of a daring which comes of ignorance should be generally understood.—[*London Lancet.*

SIMULTANEOUS LIGATION OF THE CAROTID AND SUBCLAVIAN ARTERIES FOR ANEURISM OF THE INNOMINATE.—In the *American Journal of the Medical Sciences* for July, 1880, Dr. Lewis A. Stimson, of New York, published the account of an operation performed for the relief of a patient affected with an aneurism of the innominate artery. The operation consisted in the simultaneous ligation of the common carotid and of the subclavian in its third portion, and was followed by the gradual subsidence of the tumor and the relief of the symptoms. It remained afterward unchanged up to the time of the patient's death from phthisis, twenty-one months after the operation, and Dr. Stimson now completes the history of his case by publishing in the January number for 1882 the account of the post-mortem appearances.

The aneurism arose from the anterior and right half of the innominate artery, involving nearly its entire length; it began just above the origin and extended nearly to the spur of the bifurcation. There was a second small shallow aneurism in the tracheal side of the innominate about an inch in diameter, and half an inch in height; this also was filled by a firm clot. The

clots of these two pouches were in contact with each other by their bases. They were laminated in structure, closely adherent to the wall of the sac, and covered on their free surface by a membrane that was structurally continuous with the wall of the artery, so that the blood could not make its way at any point between the clot and the wall of the sac. The aneurism, or the artery, was pervious to the extent that blood could probably pass in a small stream between the contiguous bases of the two clots. The carotid artery was completely occluded from its origin to its bifurcation by a pale adherent clot, which was also overgrown by a membrane at the origin of the vessel and at the bifurcation. The place where the ligature (catgut) had been applied, one inch below the bifurcation, could be recognized by the touch as a transverse sulcus when the vessel was rolled between the fingers. There was no change at this point in the size of the artery. There was communication between the external and internal carotids at the bifurcation. The subclavian artery was pervious in its first and second portions; its branches not recognizably dilated. It was entirely obliterated for a distance of half an inch in its third portion, its lumen was of full size on each side, the obliteration ending abruptly in a smooth, rounded pouch. Apparently the artery had been completely divided by the ligature and its ends had separated by retraction. There was no clot on either side of the occluded part. The common carotid was permanently occluded at the bifurcation by a white glistening membrane uniform in appearance and continuous with the inner coat of the artery.

PATHOLOGY.

PATHOLOGY OF HYDROPHOBIA—At a recent meeting of the Microscopical Section of the Manchester Medical Society, reported in the *British Medical Journal*, Mr. E. H. Howlett exhibited some sections of the spinal cord from a case of hydrophobia. After briefly alluding to a series of cases of hydrophobia, in which four out of five persons bitten by the same rabid dog, had died with well marked symptoms, he proceeded to discuss the pathology of the disease by stating that, for a long time, the virus had been known to exist in the saliva of rabid animals. Microscopical examination of saliva would naturally demonstrate the presence of numerous organisms, but such a result was to be expected even in the saliva of healthy individuals. With the

view of ascertaining whether any particular form of disease could be discovered in the salivary glands themselves or in the blood, the following experiment was performed. Within an hour and a half of death, portions of the submaxilary, parotid, and sublingual glands, with Stenon's duct, were dropped into test-tubes containing a fine turnip infusion; also the same organs were placed in some dry test-tubes, and the whole series placed in an incubator, where they were kept for several weeks. These test-tubes were exhibited to the Society (eight months after the commencement of the experiment), and it was seen that the solutions remained perfectly bright and clear; and, of the dry preparations, with the exception of the one containing parotid gland, no change beyond the drying up of the tissue ocurred. From these results, it was concluded that no organism existed in the salivary glands or blood in hydrophobia which was capable of causing any form of fermentative change. Microscopical examinations of the other organs failed to demonstrate the presence of any micro-organism.—[*Medical and Surgical Reporter.*

A TERATOLOGICAL CURIOSITY.—Acording to the *Presse Médical Belge*, two united children have been recently exhibited at Vienna which surpass in interest the celebrated Siamese twins. They were born in 1877 at Lacona in the province of Turin. They have each a well-formed head, and perfect arms, and a separate thorax with perfect internal viscera. At the six rib, however, they unite, and there is but one abdomen, one anus, one right and one left leg. There is a penis and corresponding scrotum, but behind the latter there is a rudimentary male organ, by which a few dorps of urine escape. From behind, two vertebral columns are seen, two sacrums, and three buttocks, the central one evidently being due to the fusion of two, and in it is a rudimentary anus. The true anus serves for both children. Each individual has power over the corresponding leg and not over the other; thus the right leg obeys the will of the right twin named Baptiste, the left that of the other twin named Jacob. Walking is therefore impossible, although the legs are strong. Each child is said to possess a distinct moral personality. Sometimes one is laughing when the other is crying; one may sleep while the other is awake. Usually the head and face of each is inclined laterally, but if one is held perpendicularly the other

becomes almost horizontal. The condition of sensation in the legs is not stated in the account.—[*London Lancet.*

THE ARTIFICAL PRODUCTION OF ORGANIC FORMS.—The mimicry of organic forms by inorganic elements has often excited the attention of the curious, and it has been recently systematically studied, so far as chemical elements are concerned, by MM. Monnier and Vogt. Forms which closely resemble those of living organism, such as simple and tubercular cells, with septa and granular contents, may be artificially produced in a suitable liquid by the union of two salts, which form, by double decomposition, one or two insoluble compounds. One of the salts must be dissolved in the liquid, the other solid. These objects are formed equally well, whether one of the liquids is of organic origin (as sucrate of lime) or purely inorganic (as of silicate of soda). The resulting form clearly depends on the nature and viscid consistence and concentration of the liquids. Some viscid solutions, however, such as gum arabic and chloride of zinc, do not give rise to them. The form which results is as constant for the same condition as is the crystalline form of a mineral, and it may even be employed as a means of ascertaining the presence of a given substance. It promises to constitute a new and very sensitive form of analysis, and may thus be employed, for instance, to distinguish the alkaline carbonates, sesquicarbonates, and bicarbonates, the one from the other. The chief influence which determines the form, is the nature of the acid which enters into the composition of the solid salt. The sulphates and phosphates, under certain circumstances, give rise to tubular forms, the carbonates to simple cells. With certain exceptions, such as the sulphates of copper, cadmium, of nickel, and of zinc, these pseudo-organic forms are only produced by the combination of those substances which are found in real organisms. Sucrate of lime, for instance, give rise to such forms, while sucrate of strontia and of baryta do not. The pseudo-organic elements are surrounded by true membranes of perfect dialyzing power, allowing only liquids to pass. Their contents are heterogenous, and granules in the interior may be disposed in a special manner. They thus resemble absolutely the morphological elements of organized beings. It is highly probable that the inorganic constituents of living protoplasm play some part in deter-

mining the forms which the organized elements assume.—[*London Lancet.*

DERMATOLOGY.

THE SMALL PUSTULAR SCROFULODERM.—In the *American Journal of the Medical Sciences* for January, 1882, Prof. Louis A. Duhring describes, under the above title, a rare and hitherto undescribed form of disease, which is characterized by marked and well-defined lesions, of obstinate and chronic course, and always tending to terminate in scarring. Dr. Duhring describes the eruption, which has many points resembling the syphilodermata, but which must be viewed as a manifestation of scrofulosis, as follows: It consists in the formation of pin-head and small split-pea sized, disseminated, yellowish, flat pustules, with usually a raised violaceous areola. In general appearance the lesions resemble those of the small pusular syphiloderm. They crust over gradually in the course of from one to several weeks, with depressed, shrunken, hard or horney, yellowish or greyish, adherent crusts, which in time drop off, leaving marked, punched-out looking, indelible scars, resembling those of variola. The lesions are further characterized by a sluggish, chronic course, and may last weeks or months. They appear at irregular periods, new ones coming out as the older ones disappear, so that the patient is rarely free from them. The disease may continue for years. It may occur upon any region, but it generally shows a disposition to appear about the face and on the extremities. Other symptoms of scrofulosis are generally present. Dr. Duhring reports three cases of the disease, and discusses the treatment which he has found to be most successful.

XANTHELASMA MULTIPLEX.—Dr. S. MacKenzie (British Medical Journal, January 21, 1882) has recently reported two cases of this rare disease. The patients were brothers, aged forty-four and forty-six years. The disease in these cases was congenital; probably the cases were in this respect unique. A sister and paternal grandfather had suffered from it. The disease presented the appearance of tubercles arranged in linear fashion, having a yellow wash-leathery look and being especially well marked about the neck and axillæ. There was no palpebral change. According to Duhring (Diseases of the Skin) the eyelids are, as a rule, the first portion of the body affected. There

was no disease of any other organ. In this respect these cases agree with those reported by White, Fox, Carry and Duhring. The history of the patient's ancestry other than dermatologically could not be obtained.—[*Chicago Medical Review.*

ON PSORIASIS FROM BORAX.—Dr. Gowers calls attention (*Lancet*) to the fact that psoriasis may result from the internal administration of borax. He met with the characteristic eruption in obstinate cases of epilepsy, treated with borax after the bromide, had failed. The eruption occurred on the trunk, arms and legs but more on the arms than elsewhere. The face was free. It was located on both the flexor and extensor surfaces. The patches varied in size up to an inch and a half in diameter. This appearance was quite characteristic, but the scales were not so thick as they sometimes are in ordinary psoriasis. The affection was amenable to treatment by arsenic.—[*Practitioner.*

CONIUM BATHS IN ECZEMA.—Two cases of eczema were treated (*Lancet*) by conium baths in the Royal Infirmary at Glasgow, under Prof. Charteris, with the most excellent results. In the first case—a young man, aged twenty—the affection had lasted for eight months, the legs and arms were covered with an angry, red eczematous rash. The itching was intense, and various local applications which were used failed in any way to relieve it. A month after admission two handfuls of conium leaves were placed in a tepid bath, and the patient was ordered to lie in this for twenty minutes. The result was satisfactory. The same night the patient slept well. The baths were continued for a week, and at the expiration of that time scales began to form, and the itching entirely disappeared. In another week he was dismissed with his skin healed. In the second case the eczema was of three weeks' duration. The redness on the arms and legs was very marked, and the itching was described by the patient as being intolerable. He was immediately ordered a bath similar to the one previously mentioned. It was continued for a week, and the man was dismissed completely cured in fourteen days. He complained on two occasions of a numb feeling, followed by tingling, after having had the baths. In giving the conium baths it is advisable to cover the bath with oiled silk, leaving the head bare. In this way there is no risk of headache from the inhalation of conium vapor.—[*Practitioner.*

OPHTHALMOLOGY.

ON OPHTHALMIA NEONOTORUM AND ITS PREVENTION.—Dr. Karl Grossman points out that the ophthalmia neonatorum may affect the eyes of a child born of a mother who has a vaginal discharge, not necessarily of the purulent character belonging to gonorrhœa or fluor albus. It seems, therefore, that before and during birth the secretions often acquire a character quite as infections as that of gonorrhœal discharge, though they appear in no way different from the physiological discharge of the mucous membrane. He therefore directs that every child, without exception, whether of a healthy mother or of a mother suffering from leucorrhœa, should have the closed eyelids washed and cleaned outside with a two per cent. lotion of carbolic acid as soon after birth as possible. When this has been carefully done, the eyelids must be inverted to complete ectropion, with exposure of the conjunctiva tarsi. Then, after carefully removing every trace of flaky secretion which may be found there, the conjunctiva must be inundated with the two per cent. carbolic lotion for one or two minutes, care being taken that the lotion reaches every part of the conjunctival sac. This proceeding ought to be repeated thrice a day during the first two days of life. If the catarrh in the vagina of the mother has been very severe, a pad soaked in the carbolic acid should be applied to the eyes of the child in the intervals between the application of the lotion, and renewed every half hour during the daytime.—[*Practitioner*.

Reports on Recent Progress in Medicine.

Article XLVIII.

Report on Obstetrics. By R. W. Wilcox, M. D.

Antiseptic Midwifery.—Although the source of decomposition is beyond the reach of injections as ordinarily practiced, yet the following precautions are here observed: The hands of those in attendance are to be washed thoroughly, the use of a nail brush being insisted upon, and the soap used is *sapo viridis* with a two-per cent. solution of carbolic acid. Further, after each examination and before proceeding to the next, the hands must be cleaned in a one-fifth of one per cent. solution of permanganate of potash, and then in a ten per cent. (about) solution of hydrochloric acid, until they become again normal in color.

Instead of oil or soap for examination purposes, a two per cent. solution of carbolic acid in glycerine, is used. After obstetric operations it is customary to wash out the uterine cavity with a solution of thymol in water, one-tenth of one per cent. which is done with a glass fountain syringe and the vaginal nozzle. After an ordinary labor, the genitals are cleansed with either the thymol solution above mentioned, a two per cent. carbolic solution or one of salicylic acid, one-fifth of one per cent. It is intended that no one that is operating on a cadaver or doing pathological work shall do obstetrical operations.

The Operation of Turning.—The practical instruction given here is so precise that it seems worth repeating. The choice of the hand to be used is much insisted on, namely: when the occiput is on the left half of the pelvis, the right hand is to be used, and, *vice versa*. When, however, the position is transverse with the abdomen forward, the same rule applies to the choice of the hand but the woman is no longer to be put in the dorsal position, but in, if for instance, the head is left, to be placed on her right side with the nates brought to the left side of the bed; thus are the feet as easily seized as in the other positions. The foot, when seized, is to be held thus: the ankle lies between

the index and middle fingers of the operator's hand while the thumb is firmly placed in the arch of the foot. Traction is then made in the proper line, and the lower leg is to be taken in the other hand, the fingers evenly encircling it and the thumb being laid on the superior surface of the leg, care being taken that the thumb shall not meet the fingers, as that would involve the liability to fracture. Then the upper leg is grasped in the same way by the hand that formerly held the foot. When the other leg and pelvis is born, traction is continued by placing the tips of all four fingers on the crests of the iliac bones, the thumbs lying easily on the nates. The abdomen is not touched to avoid setting up prematurely respiration. When the birth has progressed to the shoulders, then the ankles are seized together in such a way that the feet lie in the ring formed by the meeting of the index finger and the thumb, while the little finger lies between the legs. Thus having a firm hold on the child, it is carried to the mother's left or right thigh according as the child's corresponding shoulder is at the perineum. The arm is then delivered according to the usual rules, wrapped to the body with a towel and after the child is carried to the other side and held by the other hand, the remaining arm is liberated. Then, of course, follows the delivery of the head which may be done by forceps, the "Prague manœuvre," or any of its modifications. In the latter case, the fingers of the dorsal lying hand of the operator must not be so far extended that by their pressure the clavicle is broken. Only the points concerning this operation have been given, in which stress is not laid in the teaching of the American schools.

Placenta Prævia.—A case occurred here, of which the usual symptoms were present. The treatment of the case differed so much from that laid down in most English text-books, that it will be briefly stated. At the first hæmorrhage, which was also the beginning of labor, the urine was drawn and a colpeurynter placed in position and inflated. Thus the os was allowed to dilate, the pulse being carefully watched, which would indicate internal hæmorrhage, while external hæmorrhage would be impossible. When the os was fully dilated, the patient was narcotized, the hand of the operator inserted into the os and it was found that the insertion was marginal. The portion presenting was "peeled" off and folded back in the vagina, the operation of

turning was done and the patient left for a half hour to nature. There was no danger of hæmorrhage, as the detached portion of the placenta was under sufficient pressure from the presenting point. When the body was born the head was delivered in the usual manner and the placenta then was expressed, no hæmorrhage. The child was fully developed but dead, it appeared very anæmic. The placenta showed that an area nearly as large as the palm of a man's hand had been detached by the operation. The mother had no untoward symptoms after the birth. This plan of treatment, in comparison with other methods as found in the text books, such as rupturing the membranes and then tampon or total detachment of the placenta, seems rational.

The Rubber Covered Forceps.—The forceps used are of the Brown-Simpson pattern, and are completely covered with hard, black rubber. This gives the instrument a clumsy appearance, and in some cases the increased thickneas of the blades might be objected to. But the ease with wh.ch thorough disinfection can be made and thorough cleanliness attained, together with the fact that the physician in private practice is freed from the necessity of constantly polishing his instruments more than counter-balances the objections. The increase in cost is but little when compared with the saving of time and patience.

Vienna, Oct. 1881.

Book Reviews.

Article XLIX.

☞Notice.—In order to secure reviews of books it will be necessary to send duplicate copies of the same. Authors sending reprints will please remit them in triplicate in order to obtain notice in this department. In all cases, where *single* copies of books or pamphlets are sent, a mere acknowledgement of their receipt only will be made

Library of Medical Classics:

No. 1. A Practical Manual on the Treatment of Diseases of the Rectum. By Henry Smith, F. R. C. S. First American from the Fourth English Edition. 8vo. pp. 44. (New York: Bermingham & Co. Sept. 1, 1881.) price 25 cents.

No. 2. Clinical Lectures on Diseases of Women, delivered in St. Bartholomew's Hospital. By J. Matthews Duncan, M. D., LL. D., F. R. S. E., etc. 8vo. pp. 67. (New York: Bermingham & Co. Sept. 15, 1881.) price 35 cents.

No. 3. A Manual of Venereal Diseases, for Students and Practitioners, being a concise description of these affections and of their treatment. By Berkeley Hill and Authur Cooper. Second Edition. 8vo. pp. 25. (New York: Bermingham & Co. Oct. 1, 1881.) price 20 cents.

No. 4. Indigestion & Biliousness. By J. Milner Fothergill, M. D. 8vo. pp. 89. (New York: Bermingham & Co. Oct. 15, 1881.) price 35 cents.

The publishers of this series have brought upon themselves somewhat of the odium of medical book publishers, on account of this extremely cheap edition of English Classics. The books in pamphlet form are given at almost a nominal price, and though lacking in beauty of binding and typography, furnish the medical reader with the best of pabulum at such a cost that there is no excuse left for ignorance.

The treatise on the treatment of diseases of the rectum, by Henry Smith, has long been favorably known to the profession and can be read with interest and profit.

Duncan's Lectures on Diseases of Women, needs no commendatory words from us. There is not a gynæcologist pretending

to that name, who has not read and re-read this work. The absurdly low price at which we find it here offered, places it within the reach of all.

Hill and Cooper's manual is a very short one. In fact, it is a condensation of their work and only the essential parts are given. It is a resumé of the most current ideas on the subjects as entertained by the dualistic shool of Syphilographers.

Indigestion and Biliousness, by Fothergill has been so well spoken of and has been so heartily recommended to the profession, time and again, that the mere mention of the name is a sufficient guarantee of its worth. This work, unabridged, is offered for thirty-five cents, a price which seems absurdly out of keeping with the real importance of the work.

That there are many disadvantages connected with the publication of such cheap editions is patent to all; but, on the other hand, it makes it an easy matter financially, to acquire a great deal of valuable reading of the best kind and when indulged in, can not fail to stimulate the mind to keep up this indulgence in the best medical literature. The publishers need only take care not to introduce, in their series, books whose standard is not up to the mark, or which have sunk into a deserved oblivion.

A Practical Treatise on Hernia. By Joseph H. Warren, M. D. Second and Revised Edition, fully Illustrated. 8vo. pp. 428. (Boston: Jas. R. Osgood & Co. London: Sampson, Low, Marston, Searle & Rivington. 1882.)

This second edition is larger than the first and gotten up in much better shape. Six new chapters have been added and the introduction in the first edition has been omitted. The appendix, for which there was little necessity, has also been judiciously omitted. The chapters which have been added are Chap. I., Causation of Hernia; Chap. X., Recent Operations for Hernia; Chap. XI., Artificial Anus and Wounds of the Intestines; Chap. XIII., Hydrocele and Varicocele; Chap. XIV., Observations on Hernia; and Chap. XV., Résumé and Clinical Reports.

Quite a number of engravings and three heliotypes have been added, the latter reproductions from Bourgery and Blandin.

As we remarked in the review of the former edition, this book is a pretty clear and short éxposé of hernia and its treatment with a special reference to Heaton's method as modified by Author. This method has received notice everywhere by the medical press and has attracted attention wherever it has been mentioned. The author, however, in our opinion, lays too much stress on the many advantages of his pet theory and operation and would perhaps advocate it too warmly. That it will find a fitting and appropriate place in operative surgery we do not at all doubt.

A New Form of Nervous Disease, together with an Essay on Erythroxylon Coca. By W. S. Searle, A. M., M. D. 12 mo. pp. 138. (New York: Ford, Howard & Hulbert, 1881.)

These are two essays read by the author before the Medico-Chirurgical Society of New York, and which were subsequently published in a New York Medical Journal in 1879 and 1880. The author claims to have discovered a new form of nervous disease, and this claim was immediately repudiated by many eminent neurologists. Charcot to whom the author referred the matter, confessed that he had not only never met with it, but had never seen a mention of it accompanied by such characteristics as mentioned by the author.

The author gives a narrative of cases followed by the etiology, analysis of symptoms, pathology, prognosis and diagnosis of the affection. Differential diagnosis and different treatments are given with a synopsis of the results of treatment.

It cannot fail to interest the specialist, although not of so much value to the general practitioner. Dr. Searle thinks that he has fully sustained his position a question that will be definitely determined at some future time, by those most competent to do so. If he is sustained, we will have, no doubt, some incomprehensibly difficult name to characterize this new ill.

The essay on eryrhroxylon coca is shorter than the preceding one and includes a general description, botanical description, chemical analysis and its physiological effects. This is rather a compilation of data and experiments, than a memoir and as the knowledge of this plant is yet imperfect, it is not to be expected that the essay can be satisfactory. The importance, however, that coca has assumed, on account of its value in the treatment of meconism entitles it to the fullest consideration and anything written upon it must possess some interest.

A Manual of Practical Histology. By T. Mitchell Prudden, M. D. 12mo. pp. 265. (New York: G. P. Putnam's Sons, 1881. St. Louis: Hugh R. Hildreth Printing Co.)

The author has employed this text-book for several years in histological laboratory and has endeavored to condense a few of the many points connected with normal histology. It is a manual to be used with the microscope and is intended for use by classes having teachers. For each subject he gives a short, general description and then follows this with a "practical study." In fact, this little work holds the same relation to the study of normal histology that a dissector does to anatomy.

In the introduction are given the various simple means of making histological preparations, such as a student may be

expected to make and to understand. At the end of the book are placed a number of blank pages, wherein are to be delineated the forms of the tissues as seen by the microscope. This is a valuable hint to those studying the subject, as it enables them through practice, to acquire enough dexterity with the pencil to copy with a certain degree of accuracy, and without the intervention of another party, such objects as may prove useful or interesting. Besides, it serves to awaken a method of examining more minutely and conscientiously specimens whether normal or pathological which cannot fail to make careful and interested investigators and physicians.

Anatomical Studies upon Brains of Criminals. A Contribution to Anthropology, Medicine, Jurisprudence and Psychology. By Moritz Benedikt. Translated from the German. By E. S. Fowler, M. D. 8vo. pp. 185. (New York: Wm. Wood & Co. 1881. St. Louis: St. Louis Book & News Co.)

Prof. Benedikt has, in this monograph, made a most important and interesting contribution to anthropology. That his views are by no means established, and that the purely somatic view he seems inclined to take in regard to crime is not acquiesced in by leading psychologists, he himself acknowledges. This essay was intended rather as an incentive to further research in the direction pointed out by him, than as a dogmatic assertion of his personal views.

The number of his observations is much too limited to draw any legitimate conclusions therefrom; even the general one, which he enunciates on page 157: "The brains of criminals exhibit a deviation from the normal type, and criminals are to be viewed as an anthropological variety of their species, at least among the cultured races." As he himself says, such a doctrine would be calculated to create a revolution in ethics, psychology, jurisprudence and in those things pertaining to the criminal classes.

The author makes a comparison between the brains of animals and those human beings of depraved type, but his whole line of reasoning is *à priori*.

The book is, on the whole, very readable and is only marred by the very poorly executed engravings which find place in its pages.

A Hand-Book of Vertebrate Dissection. By H. Newell Martin, D. Sc., M. D., M. A., and William A. Moale, M. D. Part I. How to dissect a Chelonian. 12mo. pp. 94. (New York: MacMillan & Co. 1881. St. Louis: Hugh R. Hildreth Printing Co.) price 75 cents.

For the comparative anatomist this little book is one that is invaluable, as it deals with a subject that has hitherto received but little attention. The red-bellied slider terrapin is the "subject" treated of, but in such a manner that the attentive reader is enabled, after its attentive perusal, to dissect systematically and intelligently any chelonian.

The author intends issuing other pamphlets containing directions for the dissection of a pigeon and a rat and also a *Alizaad*, a bony and a cartilagious fish. All of these animals are very useful and interesting on account of the promising physiological experiments which may be gotten out of them. On this account, it is necessary that there should be no waste in dissecting. Besides, it engenders a habit of careful investigation and also renders work much more systematic.

The present monograph is clearly and distinctly written and forms an excellent manual for use in the laboratory, for which it is intended.

The index is full and of great use for reference. The typographical work is good.

Eczema and its Management. A Practical Treatise based on the study of Two Thousand Five-Hundred Cases of the Disease. By L. Duncan Bulkley, A. M., M. D. 8vo. pp. 344. (New York: G. P. Putnam's Sons. London: J. & A. Churchill, 1881. St. Louis: Hugh R. Hildreth Printing Co.)

This is one of the most important works connected with dermatology, that has appeared during 1881, from the fact that it is written for the general practitioner and not for the specialist. Although not quite as voluminous as the importance of the subject would seem to demand, it is yet so handled as to give the intelligent reader a good insight into the mysteries of this common and intractable disease. Eczema may, by a persistent study be recognized and when it is mastered, the study of dermatology may be considered as but a step more in advance, as eczema has been aptly termed the "key to dermatology."

Dr. Bulkley has also largely insisted upon the constitutional treatment of eczema which has not been accorded the full importance which it deserves.

The whole work is rather a narrative of the author's personal experience, than a treatise; but the well-known ability and thoroughness of the writer are such as to make it none the less authoritative on that account. We do not doubt that there will be a call for a new edition at an early date.

Encyclopœdia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. XX. General Index. 8vo. pp. 499. (New York: William Wood & Co. 1881. St. Louis: Hugh R. Hildreth Printing Co.)

Finis coronat opus; this is the last volume of one of the best series on medicine ever published, and the publishers as well as the editor are to be congratulated upon having brought to a successful termination such a valuable work.

The volume before us is not very interesting unless in connection with the other volumes. It is embellished with a fine frontispiece—a faithful portrait of Prof. von Ziemssen, the editor.

Books and Pamphlets Received.

Article L.

The International Encyclopœdia of Surgery. A Systematic Treatise on the Theory and Practice of Surgery, by authors of various nations. Edited by John Ashhurst, Jr., M. D. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Vol. I., 8vo. pp. 717. (New York: Wm. Wood & Co., 1881. St. Louis: Hugh R. Hildreth Printing Co.)

Marriage and Parentage and the Sanitary and Physiological Laws for the Production of Children of Finer Health and Greater Ability. By a Physician and Sanitarian. 12mo. pp. 185. (New York: M. L. Holbrook & Co., 1882.)

A study of the Tumors of the Bladder, with Original Contributions and Drawings. By Alex W. Stein, M. D., 8vo., pp. 94. (New York: Wm. Wood & Co., 1881.)

The Sympathetic Diseases of the Eye. By Ludwig Mauthner, M. D. Translated from the German, by Warren Webster, M. D., and James Spalding, M. D., 12mo., pp 220. (New York: Wm. Wood & Co., 1881. St. Louis: Hugh R. Hildreth Printing Co.)

Frozen Sections of a Child. By Thomas Dwight, M. D. Fifteen Drawings from Nature. By H. P. Quincy, M. D. 4to., pp. 66. (New York: Wm. Wood & Co. St. Louis: Hugh R. Hildreth Printing Co.)

A Treatise on the Diseases of the Eye. By Henry D. Noyes, A. M., M. D. 8vo., pp. 360. (New York: Wm. Wood & Co., 1881. St. Louis: Hugh R. Hildreth, Printing Co.) Dec. No. Wood's Library of Standard Medical Authors.

A Manual of Organic Materia Medica. Being a Guide to Materia Medica of the Vegetable and Animal Kingdoms. For the use of Students, Druggists, Pharmacists and Physicians. By John M. Maisch, Phar. D., with many illustrations on wood. 12mo., pp. 459 (Phila.: Henry C. Lea's Son & Co., 1882. St. Louis: Hugh R. Hildreth Printing Co.)

Suppression of Urine. Clinical Descriptions and Analysis of Symptoms. By E. P. Fowler, M. D. Ninety-Three Clinical Cases, with Illustrations, Tables and Diagrams. Paper pre-

sented to the New York Medico-Chirurgical Society, Dec. 14, 1880. 8vo., pp. 86. (New York: Wm. Wood & Co., 1881. St. Louis: Hugh R. Hildreth Printing Co.)

Diseases of Women: including their Pathology, Causation, Symptoms, Diagnosis and Treatment. A Manual for Students and Practitioners. By Arthur W. Edis, M. D., London, F. R. C. P., M. R. C. S. With one hundred and fifty-eight illustrations. 8vo., pp. 576. (Phila.: Henry C. Lea's Son & Co., 1882. St. Louis: Hugh R. Hildreth Printing Co.)

Lectures on Electricity, (Dynamic and Franklinic) in its Relation to Medicine and Surgery. By A. D. Rockwell, A. M., M. D. 8vo., pp. 122. (New York: Wm. Wood & Co., 1881. St. Louis: Hugh R. Hildreth Printing Co.)

Nervous Diseases: their Description and Treatment. A Manual for Students and Practitioners of Medicine. By Allan McLane Hamilton, M. D. Second Edition Revised and Enlarged with seventy-two illustrations. 8vo. pp. 598. (Phila.: Henry C. Lea's Son & Co., 1881. St Louis: Hugh R. Hildreth Printing Co.)

Memoranda of Physiology. By Henry Ashby, A. M., M. D., (London). Third Edition thoroughly Revised, with Additions and Corrections by an American Editor. 32mo. pp. 319. (New York: Wm. Wood & Co., 1882.)

A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine. By John C. Dalton, M. D. Seventh Edition, with two hundred and fifty-two illustrations. 8vo., pp. 722. (Phila.: Henry C. Lea's Son & Co., 1882. St. Louis: Hugh R. Hildreth Printing Co.)

Transactions of the Medical Society of the State of New York, for the year 1881. 8vo. pp. 495. (Published by the Society, 1881. Tuar, Smith & Bruce, Printers, Syracuse, N. Y.)

Transactions of the Twenty-Eighth Annual Meeting of the Medical Society of the State of North Carolina, held at Ashville, N. C., May 31, 1881. 8vo. pp., 128. (Wilmington, N. C.: Jackson & Bell, Printers, 1881.)

Home and Climatic Treatment of Pulmonary Consumption, on the Basis of Modern Therapeutics. By J. Hilgard Tyndall, M. D. 12mo., pp. 174. (New York: Bermingham & Co., 1882.) Price 50 cents.

Illustrations of Dissections in a Series of Original Colored Plates the size of Life, Representing the Dissection of the Human Body. By George Viner Ellis and G. H. Ford, Esq. The Drawings are from Nature, by Mr. Ford, from Dissections

by Prof. Ellis, reduced on a uniform scale, and reproduced in facsimile expressly for Wood's Library of Standard Authors Vol. II., Second Edition, 8vo., pp. 206, Plates LVIII. (New York. Wm. Wood & Co., 1882.) Feb. No. Library of Standard Medical Authors.

Opium-Smoking in America and China. A study of its prevalence and effects, immediate and remote, on the individual and the nation. By H. H. Kane, M. D. 24mo., pp. 156. (New York: G. P. Putmam's Sons, 1882. St. Louis, Hugh R. Hildreth Printing Co.) Price $1.00.

Transactions of the American Ophthalmological Society. Seventeenth Annual Meeting, Newport, 1881. 12mo., pp. 317. (New York: Published for the Society, 1881.)

Questions submitted to the Graduating Classes of The Medical College of Ohio, from 1871 to the Present Time. (Cincinnati: Murry & Co., 1881.) Price 35 cents.

The Trance State of Inebriety: its Medico-Legal Relations. By T. D. Crothers, M. D., with an Introduction on the Nature and Character of the Trance State. By Geo. M. Beard, M. D. (A Paper read before the New York Medico-Legal Society, Nov. 2. 1881.)

The Fourth Annual Report of the Presbyterian Eye and Ear Charity Hospital, for the year ending Dec. 1, 1881. (Baltimore: Hugh S. Owen, Printer, 1882.)

An Aid to the Mechanical Treatment of Weak Ankles and Inverted Feet. By Charles F. Stillmann, M. D. (Reprinted from the *Medical Record*, Sept 17, 1881.)

News Items.

Article LI.

Well Grown.—The Medical Society of the County of New York has over eight hundred members.

Sigismund reports a case in which a small splinter of wood remained in the eye for forty-seven years without any disturbance.

Nephrectomy.—Thus far 54 operations have given 26 successes—28 failures. The lumbar incision gives better results than that in the linea alba.

Expert Fee.—An Ohio judge refused to compel the medical witness to express his opinion as to the cause of death unless he received the fee of an expert.—[*Med. Journal.*

Dr. Isaac I. Hayes, the Arctic explorer and surgeon of Dr. Kane's expedition (second Grinnell), died in New York, from heart disease, Dec. 17, 1881

Texas voted to locate the medical department of her State University at Galveston. Austin gets the literary part of the institution.

Professor Charcot has been recently transferred, at his own request, from the chair of pathological anatamy to a prosessorship of nervous diseases recently established by the Faculty of Medicine at Paris.

Dr. J. E. Tefft, of Springfield, Mo., gave the Journal office a call on his way back home. He has just delivered a course of lectures at the Missouri State University, on Genito-Urinary Diseases, and Methods of Diagnosis for Stone in the Bladder.

The *British Medical Journal* reports an ear of corn discharged through the chest. The assailant must have used a cannon, or at least, a pistol with an abnormally large meatus. But the " friend

at our elbow" suggests that our British cousins (or grandparents) say corn when they intend *wheat*; and that the patient fired his own charge, after having thus loaded himself to the muzzle. —[*Atlanta Medical Register.*

Popularizing Medicine.—The *Family Doctor* is the name of a new publication which, though "edited by a phyiscian," it is difficult to regard as anything else than a journalistic error. The plan of popularizing medicine is a serious mistake, and any medical information, of a desirable or necessary kind for general use, can only rightly be such as to find admission to the pages of hygienic jounals and health reviews.—[*Med. Press and Circular.*

Vivisection received a most powerful defence in the December number of the *Nineteenth Century.* Sir James Paget, Dr. Wilkes, and Professor Owen argue for liberty in scientific research. The absurdity of the English law is well illustrated by a statement of Sir James Paget. He says: "I may pay a rat-catcher to destroy all the rats in my house with any poison he pleases, but I may not myself, unless with a license from the Home Secretary, poison them with snake-poison."

The Medical Society of the County of Kings has adopted the following resolutions:

Whereas the journal known as the *Index Medicus*, has proved itself to be a work of the highest value to the general profession of medicine, and

Whereas, Its discontinuance, which is impending by reason of deficient support by subscription, would be felt as a loss especially by the scholarly part of medical labor, therefore be it

Resolved, That it is respectfully suggested to the State Medical Society that that Society devote annually the sum of fifty dollars as its contribution to the maintainance of the *Index Medicus.*

We hope to see many more do the same to encourage so useful and elaborate a publication as the *Index Medicus.*

Maternal Impressions.—The following occured in the practice of a Maryland physician, according to the *Dublin Medical Journal*: "A lady during pregnancy carried with her a pocket edition of Moore's poetical works, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences into rhyme; in fact, naturally

expressed his little ideas and thoughts in flowing measure!" Blame not the bard—but a case like this shows how important is a well assorted library to a gravid uterus.—[*British Med. Journal.*

We hope that this item will be soon cremated.

We are pleased to learn that a new Medical and Dental Directory for this city (selected) is being gotten up by Mr. C. A. Kendrick, of Cincinnati, which will prove of the greatest value to all those who have any business to transact with the reputable physicians and dentists of the city. It is in the form of a map in which can be seen at a glance the name, office, residence, office hours and telephone connections of any one. The directory will be placed in all the hotels, drug-stores, charitable and public institutions of the city, each subscriber also receiving a copy.

Besides this a list of professional nurses, medical publications and other matters of interest to the medical profession will be added as new features.

The name and address of any reputable physician will be taken by the publisher and placed on his directory at a merely nominal rate.

The enterprise has been highly praised and recommended in other cities and it cannot fail to give satisfaction to its patrons.

We have received the following from Dr. W. H. Robinson, Secretary of the Clay County Mo., Medical Society, with a request that it be inserted in the Journal:

Liberty Mo., January 10th, 1882.

At a regular meeting of the Clay County Medical Society, held in Liberty, Clay County, Mo., on January 10th 1882, the following preamble and resolutions were unanimously adopted:

Whereas, There appeared in the December number of the *Medical Herald* of Louisville Ky., an article which purports to be a review of the address of the President of the "State Medical Association of Missouri" at its 24th annual meeting, held at Mexico Missouri and,

Whereas, The so-called reviewer, in fact does not review the paper at all, but makes an unwarrented attack upon the scholarship of the author without pointing out its defects and,

Whereas, The said reviewer, or some one connected with the

journal in which his article appeared, has sent copies of the same to a number of physicians throughout our County and State and,

Whereas, The author of said address,—Dr. J. M. Allen—is a member of this society, and a laborious, earnest and honored member of the profession, therefore be it

Resolved, That we, the members of the Clay County Medical Society, brand the so-called reviewer as a *calumniator* and *totally unworthy* the honorable position of a reviewer for a medical journal.

E. H. Miller President,

W. H. Robinson Secretary.

A Spanish Medical Congress will be held at Seville, April 9, 1882. Preparations have been made on a large scale for the successful carrying out of the meeting. The programme of subjects proposed for discussion includes: the relations of animal heat to the nervous system; urea; illuminating apparatus; tuberculosis; infant mortality; prevention of scrofula; action of common air as a medicine; heat as a medicine; diabetes; antiseptic treatment; color-blindness; strabismus; and a number of other topics under almost all of the different specialties.—[*Med. Record.*

Bismark as a Patient.—The Prince's chief trouble, as is well known, is sciatica, and it is greatly dreaded on account of its obstinacy. Besides this, the Chancellor suffers at times from an inflammatory swelling of the veins in the feet, and, like all other mortals, occasionally from lighter indispositions—colds and indigestion. It seems that the patient is as inconsistent regarding the methods of his treatment as he is in other matters. With the same feeling of "absolute indifference" which according to his own words, he manifests in certain political topics, he also deals with the exigencies of the medical science. Homœopathy or allopathy—it is all one to him, so long as he believes one or the other will cure him. It has even happened that he allowed himself to be treated by an allopathic physician, and soon after by a homœopathist. When at Friedrichsruh, he sends for Privy Sanitary Councillor Dr. Dohn, of Hamburg, who is an allopath. At Varzin, when medical attendance is needed, the physician, also an allopath, in the adjacent town of Schlawe,

is applied to. When at Kissengen, the Prince consults the well-known Dr. Diruf, also an adherent of the old school. During his stay at Berlin, however, he inclines to homœopathic treatment.—[*American Register.*

A Curious Misuse of Terms.—A correspondent from Appleton, Wis., sends us the following amusing and suggestive note: "The vast amount of medical knowledge unexpectedly displayed by the non-professional press during the illness of the late President is now to a great extent a matter of record. As evidence of the singular accuracy of much of this knoweldge, I offer the following statements, all of which were taken from the columns of leading daily papers of several large cities: 'Hyparenthesis' was feared, as also was 'hypodralic congestion.' Among the glands affected during the course of the case were the 'salwary conglomerated,' the sympathotic,' the 'partoid,' 'parotidid,' 'paratodit,' one of which, it was feared, would 'sulphurote,' while in the case of another, 'supperation' was the expected catastrophe. There were also 'metastalic abcesses,' and others which were 'metallastic' in character, and the 'plexus cosiacus' played an important part, which was also true of 'septicemid' and 'septicemæmia,' 'sceptic matter' was treated by the use of 'permanganesed potash' and 'permanganose potash,' while the vital powers were sustained by the use of 'reptonized enemetics,' and 'liquor nourishment.' Finally, Dr. Bliss gave a reporter his personal assurance that 'President Garfield had not been under the influence of optics for more than a week.'"—[*Medical Record.*

Music as Medicine.—Much has been said upon the power of music to effect most beneficial results upon the afflicted, both in mind and body; and there can be little doubt that a very great deal still remains to be done when the subject shall have been more thoroughly investigated by the medical profession, and certain rules laid down for the treatment of such cases as would be likely to yield to its influences. We have recently heard of a doctor who, finding his patient in a state of confirmed *melancolia*, managed to induce her to try over some of the music for which she had an especial fondness in former years, and thus not only restored her temporarily to comparative cheerfulness, but by prescribing a repetition of this medicine, and seeing that she obeyed his directions, at each of his visits, managed, in an almost

incredible short time, to effect a permanent cure. Of course, in this case, and in all others of which we have hitherto heard, the remedy acts indirectly upon the nervous system, and almost unconsciously the patient is relieved. But we now find that the curative process is more directly applied. M. Vigouroux, a French surgeon, it is said, has obtained the mitigation of pain by administering a recurrent series of sound-waves, by means of a tuning fork and sounding board to the affected part. Upon this method M. Bordet has devised an important improvement. A tuning-fork is keep in constant vibrations by means of an electro-magnet, and the undulations are communicated to the skin by means of a rod. Neuralgia is thus removed in a few minutes, and anæsthetic effects are produced by a longer action. We are glad to find that this important matter has now assumed so practical a form, and look forward with much interest to the records of its future divelopment.—[*London Musical Times.*

Training People to Meet Medical or Surgical Emergencies.—The State Charities Aid Association proposes to establish a kind of ambulance school for the instruction of police and firemen, general workmen, and railroad employés, and the employés of all public institution and others who may wish it, how to meet emergencies. The plan is modelled after that of a London society, which has been able to drill many thousands, so that they are now able to supply the place of the physician or surgeon until that important functionary can be summoned and arrive. Lectures will be given weekly. After the lectures examinations will take place, and certificates will be given to such as show themselves possessed of the knowledge that will fit them for this laudable work. In addition to these lectures it is also purposed to give lectures touching important matters relative to maternal duties and home hygiene to women.—[*Medical Record.*

Missouri Societies.—Medical Association of the State of Missouri.—President, Dr. W. P. King; Vice-Presidents, Drs. B. J. Milam, A. E. Gore, G. Hurt, E. A. Waggoner, B. F. Wilson; Recording Secretaries, Drs. C. A. Todd, St. Louis, J. H. Duncan; Corresponding Secretary, Dr. Wm. Dickinson, St. Louis; Treasurer, Dr. C. A. Thompson, Jefferson City.

Standing Committees.—Of Arrangements, Drs. C. L. Lamb, E. C. Hays, J. L. Gleason, J. C. Hearne, B. G. Dysart; On Cre-

dentials, J. F. Hanna, Wesley Humphrey, W. J. Yates; On Scientific Communications, Drs. E. J. Warth, A. W. McAlester, S. M. Dodson; On Progress of Medicine, Drs. H. H. Middlekamp, Pinckney French, S. S. Todd, C. A. Thompson; sub-com. on Children's Diseases, J. P. Kingsley; sub-com. on Diseases of the Mind and Nervous System, Dr. C. H. Hughes; On Progress of Surgery, Drs. T. F. Prewitt, F. J. Lutz, H. H. Mudd, J. Geiger, J. D. Smith; sub-com. on Orthopœdic Surgery, Dr. A. J. Steele; sub-com. on R. R. Surgery, Drs. J. W. Trader, J. C. Hearne; On Medical Education, Drs. J. E. Posey, J. E. Teed, W. J. Heddens; On Medical Ethics, Drs. E. W. Schauffler, C. L. Hall, G. O. Feagans; On Publication, Drs. E. M. Nelson, W. C. Glasgow, C. H. Hughes.

Special Committees.—On Organization of Local Medical Societies, Drs. T. J. Norris, W. A. Monroe, T. P. Rothwell; On State Medicine and Medical Legislation, Drs. E. A. Donelan, Garland Hurt, R. E. Young, J. M. Allen, J. W. Brent.

The next meeting will be held at Hannibal, Tuesday May, 16, 1882.

Jno. McDowell Medical Society. This society will meet on the fourth Wednesday in every month, at the office of Drs. Brent & Marsh, Tipton, Mo.

Papers will be read, cases reported and subjects discussed at each meeting.

All members of the medical profession are cordially invited to attend. Jno. W. Marsh, M. D., Secretary.

The Barton Medical Association meets monthly, at Lamar, Mo.

The names of its officers for the coming year are as follows:

J. W. Dunn, M. D., President; A. A. Dye, M. D., Vice President; T. H. Jones, M. D., Secretary; J. W. Speece, M. D., Treas.

The St. Louis Medical Society. Organized 1835, incorporated 1837. Meets regularly every Saturday night in Polytechnic Building, except summer months. Membership 208. First Saturday in January is the annual meeting. Transactions taken by the Journal's stenographic reporter, and published in its official organ, the St. Louis Medical and Surgical Journal. President, Wm. Dickinson, M. D.; Secretary, A. H. Ohmann-Dumesnil, M. D.

Members of the profession visiting the city are cordially invited to attend. Corner of 7th and Chestnut Streets; First Floor.

St. Louis Medico-Chirurgical Society, 55 members.

St. Louis Obstetrical Society meets once each month. 20 members.

Monroe County Medical Society, 24 members.

Kansas City District Medical Association, 65 members.

Kansas City Medical Society, 22 members.

Shelby County Medical Association, 16 members.

Grand River Medical Society.—Composed of the physicians in good professional standing, living in the counties of Livingston, Grundy, Daviess, Caldwell, Harrison, Carroll, Mercer and Linn. 83 members. Meets first Tuesday in June and December. President, Dr. E. A. Waggener, Carrollton; First Vice President, Dr. F. M. Davis, Livingston Mo.; Second Vice President, Dr. Tinsley Brown, Hamilton; Secretary and Treasurer, Dr. A. L. McClark, Carrollton; Assistant Secretary, Dr. G. H. Highsmith.

Carroll County Medical Society.—Meets in Carrollton, Mo. on the second Tuesday of every month. Dr. A. Austin, President; Dr. H. Beal, Vice President; Dr. W. A. Full, Secretary.

The Linton District Medical Society.—This Society meets in Mexico, Mo., every three months. 62 members, 5 Honorary members.

The Southeast Missouri Medical Association.—Meets semi-annually. 40 members.

The Southwest Medical Association.—Meets twice each year. The next place of meeting is in Springfield, Mo., in June, 1882. 47 members.

District Medical Society of Northwest Missouri. 72 members.

Lathrop Medical Society meets on the first Tuesday of each month at Lathrop, Clinton Co. President, Dr. O. D. Fitzgerald; Secretary, Dr. W. J. Bever.

The Twelfth Congressional District Medical Society meets annually. The next meeting will be held at Glenwood, Schuy-

ler Co. in the early part of May, 1882. President, Dr. J. D. Smith; Secretary, Dr. W. F. Morrow.

Clay County Medical Society meets at Liberty, Clay Co. Secretary, Dr. W. H. Robinson.

We would be much obliged to the recording secretaries of the following societies, if they would send the Journal the correct name of their society, and others that they know of; also, their officers, number of members, dates and places of meeting, papers that are to be read and all other items connected with the societies that may be of interest. The announcement of each meeting should be sent in at least one month in advance. For all such news we shall be much obliged.

Moberly District Medical Association.

Montgomery County Medical Society.

Saline " " "

Macon " " "

Boone " " "

Hannibal " " "

Howard " " "

Marion " " and Surgical Association.

Lewis County Medical Association.

Chariton " " Society,

Lafayette " " "

Illinois Societies.—Illinois State Society.—Organized June 4, 1850. Next meeting at Quincy in May, 1882. 362 members.

The Chicago Medical Society.—Organized April 5th, 1852, as the Cook County Medical Society. In 1858 the name was changed to the Chicago Medical Society. The meetings are held the first and third Mondays of every month, at 8 o'clock, p. m., and, at the present time, at the Washington Home, corner of Madison street and Ogden Avenue. 138 members.

Chicago Society of Physicians and Surgeons.—Organized April 22d, 1872. The meetings are held at the rooms of the Library of the Medical Press Association, 188 Clark street, the second and fourth Mondays of every month, at 8 p. m.—that of

the second Monday in May being the annual meeting. 87 members.

Central Illinois Medical Society.—Organized May, 1872. Meets the first Tuesday in May and November. Place not fixed. 55 members.

Æsculapian Society of the Wabash Valley.—Organized in 1846. The members reside principally in the counties of Clarke, Cumberland, Coles, Edgar, Moultrie, Douglass, Champaign and Vermillion, Ill., Vigo and Vermillion counties, in Indiana. Meets semi-annually the last Wednesday in May; annually, the third Wednesday in November. Place of meeting variable. 75 members.

Decatur Medical Society.—Organized May 28th, 1874. Meets the fourth Thursday of each month, at Decatur. 18 members.

District Medical Society of Central Illinois.—Organized April 28th, 1874. Meets last Tuesdays in April and October, at Pana. 62 members.

Jersey County Medical Society.—Meets first Tuesday in each month. 22 members.

Madison County Medical Society.—Meets semi-annually. Next meeting at Edwardsville. 32 members.

Military Tract Medical Association.—Includes the counties of Bureau, Stark, Henry, Mercer, Knox, Warren and Henderson. Meets semi-annually, at Galesburg, second Tuesdays in January and July. 61 members.

Society of Macoupin County for Medical Improvement.—Organized September 16th, 1873. Meets on third Tuesdays of January, April, July and October. Place of meeting, variable. 33 members.

Tri-State Medical Society of Illinois Indiana and Kentucky, organized in 1874. Meets annually. Next meeting to be held at Terre Haute, Ind. in Sept. 1882. President, Dr. J. M. Halloway, Louisville, Ky., Vice Presidents, Dr. Arch, Dixon, Henderson, Ky., Dr. T. D. Washburn, Hillsboro, Ill., Dr. J. C. Beaaer, Vincennes, Ind., Dr. S. Williams, Cincinnati, O., Dr. Edw. Borck, St. Louis. Secretary, Dr. G. W. Burton, Mitchell, Ind. Treasurer, Dr. F. W. Beard, Vincennes, Ind.

Southern Illinois Medical Association.—Organized at Jonesboro, January 2d, 1875. Meets the third Wednesdays of January and June. 103 members.

Iowa and Illinois Central District Medical Association.—Organized in 1866. Meets on second Thursdays of January, April, July and October, alternately in Davenport and Rock Island. 48 members.

Iowa Societies.—Iowa State Medical Society, organized in 1852. Meets annually; next meeting at Des Moines, Jan. 25 1882. J. F. Kennedy, M. D., President; T. J. Caldwell, M. D., Secretary.

Dakota Societies.—Black Hills Medical Society. This society meets in Lead City, Dakota Ter. Dr. Joel Houghton, President; Dr. O. B. Thompson, Vice President; Dr. B. B. Kieth, Secretary; Dr. Jeff. O. Neal, Corresponding Secretary; Dr. W. S. Dyer, Treasurer; Drs. D. K. Dickinson, A. S. Williams and M. L. Dyre, Curators. The meeings take place once each month.

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—JAN., 1882.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	9.0	22.0	18	13.5	29.0
2	17.5	30.0	19	25.0	31 0
3	22.0	33.0	20	28.0	38.5
4	30.0	34.0	21	33.5	44 0
5	23.5	30.0	22	20.5	31.0
6	29.0	39.0	23	24.5	34.0
7	35.0	56.0	24	25.0	40.0
8	40.0	42.5	25	36.0	49.0
9	31.5	41.5	26	48.0	**64.5**
10	34.0	37.0	27	30.5	39.0
11	35.5	39.0	28	31.0	40.5
12	31.0	36.5	29	13.5	24.0
13	35.5	45.0	30	20.5	30.5
14	27.0	37.0	31	26.0	34.5
15	35.0	54.0			
16	17.0	30.5	Means	27.0	37.2
17	**8. 5**	18.5	Monthly Mean.	32 1	

Quantity of rain and snow, 2.87 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM DEC. 3, 1881, TO JAN. 28, 1882, INCLUSIVE.

Small Pox..... 5	Childbirth..... 6	Convulsions & Trismus Neonatorum 80	Syphilis.....
Scarlatina. 32	Inanition, Want of Breast Milk, etc. 13	Hydrocephalus and Tub. Meningitis. 9	Apoplexy 18
Pyæmia & Septicæl0	Alcoholism.. 6	Meningitis & Encephalitis 27	Dis. fem. gen. org. 3
Erysipelas 5	Rheumat'm & Gout 1	Other Diseases of the Brain and Nervous System52	Surgical Operation 1
Diphtheria 47	Cancer and Malignant Tumor..... 30	Cirrhosis of Liver and Hepatitis.. 17	Execution..... 5
Membran's Croup.19	Phthisis & Tuberculosis, Pulmon 163	Enteritis, Gastro-Enteritis, Peritonit, and Gastritis' 37	Deaths by Suicide 7
Whooping Cough. 3	Bronchitis.. 74	Bright's Disease and Nephritis...27	Deaths by Accid't 30
Ovarian tumor.... 0	Senility..... 30	Other Diseases of Urin ary Organs. 7	Deaths by Homicid 2
Measles 1	Pneumonia.....100	Diabetes..... ... 0	Congen Defor'ty 39
Typhoid Fever....42	Heart Diseases.... 49		Total Deaths from all Causes... 1208
Cerebro Spinal Fev14	Other Diseases of Respir'y Organs 48		Total Zymotic Diseases 303
Remittent, Intermittent, Typho-Malarial, Congestive & Simple	Skin Disease..... 1		Total Constitutional Diseases.....247
Contin'd Fevers,48	Marasmus—Tabes Mesenterica and Scrofula..... 31		Total Local Diseases 537
Puerperal Fevers..12	Other Const. Dis. 13		Total Develop'tal Diseases 75
Diarrhœal Disea's 38			Deaths by Viol'ce45
Other Zymotic Diseases 6			

CHAS. W. FRANCIS, *Health Commissioner.*

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SUGAR-COATING, properly applied, does not impair the quality of medicines thus enclosed. *W. S. ..r, M. D, Editor, says*:—We procured a variety of WM. R. WARNER'S preparations and have proved them when opportunity offered, with SATISFACTORY EVIDENCE OF THEIR PURITY AND reliability as to the quantity in each dose.

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J. L. CAMPBELL. [Seal] J. R. HAWLEY, President.

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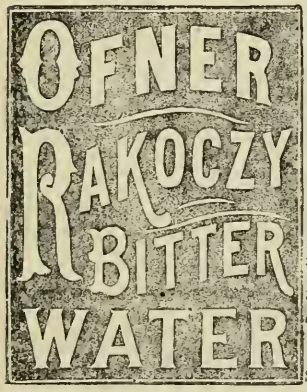

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One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid. should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

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SAMUEL LOGAN, M. D.,
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Professor of General and Clinical Obstetrics and Diseases of Women and Children.
JOHN B. ELLIOTT, M. D.,
Professor of Materia Medica and Therapeutics and Hygiene
EDWARD HARRISON, M. D.,
Lecturer on Diseases of the Eye.
ALBERT B. MILES, M. D.,
Demonstrator of Anatomy.

The next annual course of Instruction in this Department (now in the forty-eighth year of its existence will commence on Monday, the 17th day of October, 1881, and terminates on Saturday, the 25th day of March, 1882. The first three weeks of the term will be devoted exclusively to Clinical Medicine and Surgery at the Charity Hospital; Practical Chemisiry in the Laboratory; and dissections in the spacious and airy Anatomical Rooms of the University.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

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The act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital, as a school of practical instruction.

The Charity Hospital contains nearly 700 beds, and received, during the last year, nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited by the respective Professors in charge daily, from 9 to 10 o'clock A. M., at which time all the students are expected to attend, and familiarize themselves, *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the Hospital, on Clinical Medicine by Professors Bemiss, and Joseph Jones; Surgery by Professors Richardson and Logan; Diseases of Women and Children by Professor Lewis, and Special Pathological Anatomy by Professor Chaille, will be delivered in the amphitheater on Monday, Wednesday, Thursday and Saturday from 10 to 12 A. M.

The administrator of the Hospital elect, annually *fourteen resident students*, who are maintained by the Institution. All vacancies filled by competitive examinations.

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For the Ticket of all the Professors	$140 00
For the Ticket of Practical Anatomy	10 00
Matriculation Fee	5 00
Graduation Fee	30 00

Candidates for Graduation are required to be twenty-one years of age; to have studied three years; to have attended two courses of lectures, and to pass a satisfactory examination.

Graduates of other respectable schools are admitted upon payment of the Matriculation and half lecture fees. They cannot, however, obtain the Diploma of the University without passing the regular examinations and paying the usual Graduation Fee.

As the practical advantages here afforded for a thorough acquantance with all the branches of medicine and surgery are *quite equal* to those possessed by the schools of New York and Philadelphia, the same fees are charged.

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•For further information upon these points see circular.

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THE READING AND RECITATION TERM will commence September 28th., 1881, and close at the beginning of the Regular Term.

THE REGULAR TERM will open January 15th., 1882, and continue five months.

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The Regular Term embraces the usual course of Didactic and Clinical Lectures, and a thorough graded system of instruction in the practical branches

There are over 12,000 patients treated annually in the Hospital, which is under the control of the College authorities, and therefore available for practical teaching. Advanced students in classes of ten or more accompany the Clinical Teacher in his daily hospital service. By this system of constant rotation of classes, from the Medical to the Surgical wards of the Hospital, the student receives the largest possible amount of instruction daily in all the practical branches. This mode of teaching is *peculiar* to the Long Island College Hospital, the Clinical advantages of which are unsurpassed in this country.

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J. T. HODGEN, M. D., DEAN,
Professor of Surgical Anatomy, Special Fractures and Dislocations, and Clinical Surgery at the City Hospital.

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L. CH. BOISLINIERE, M. D.,
Professor of Obstetrics.

G. BAUMGARTEN, M. D.,
Professor of Physiology.

H. H. MUDD, M. D.,
Professor of Anatomy.

JOHN GREEN, M. D.,
Lecturer on Ophthalmology.

W. L. BARRET, M. D.,
Lecturer on Diseases of Women.

J. M. SCOTT, M. D.,
Lecturer on Clinical Medicine.

G. A. MOSES, M. D.,
Lecturer on Clinical Gynæcology.

W. C. GLASGOW, M. D.,
Clinical Lecturer on Physical Diagnosis.

W. E. FISCHEL, M. D.,
Lecturer on Therapeutics.

J. FRIEDMAN, M. D.,
Demonstrator of Chemistry.

EDWARD EVERS, M. D.,
Lecturer on Histology.

H. H. MUDD, M. D.,
Demonstrator of Anatomy.

W. A. McCANDLESS, M. D.,

FRANK R. FRY, M. D.,
Assistant Demonstrators of Anatomy.

N. B. CARSON, M. D.,
Assistant to the Chair of Surgery.

The FORTIETH REGULAR SESSION will begin on Monday, Sept. 26, 1881, and continue until March 4, 1882. There will be no preliminary lectures. Students should secure their seats at the beginning of the Session. We desire to call the attention of the Profession to the fact that we enforce attendance on three regular courses of lectures so graded as to lead the student from the fundamental to the practical branches in logical order. We are satisfied that the best way to secure an advanced standard of qualification in medical graduates is to lengthen the time of study. This plan of teaching by dividing the total number of students into three classes among other advantages makes clinical instruction more efficient than under the old plan, bringing the student into closer contact with the patients. Practical work in the anatomical rooms and in the chemical laboratory is obligatory. Special lectures on histology, pathological anatomy, ophthalmology and diseases of women have been added to the regular curriculum. The college clinic in the new building on the college grounds provides increased clinical facilities.

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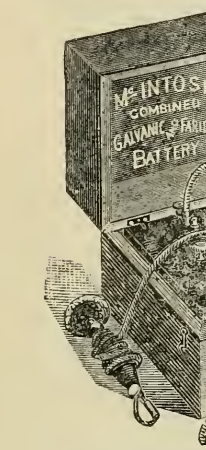

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We claim superiority over all other batteries for the reason that by the improved plan of construction and close connections we gain more quantity and intensity of current. We combine all that is desirable in either a Galvanic or Faradic Battery, combinations never before attained. We furnish it with or without the Faradic coil. It weighs less than any other of the same power. It can be carried without spilling the fluid, thus being the only perfect portable Galvanic Battery made. We will be pleased to send our illustrated catalogue, giving full information price &c., free on application.

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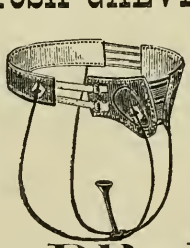

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Among the many reasons which recommend the Supporter to the Physician is itself adjusting qualities. The Physician after applying it need have no fear he will be called in haste to remove or readjust it, as is often the case with rings and various pessaries held in position by pressure against the vaginal wall, as the patient can remove it at will and replace it without assistance.

The Abdominal Supporter is a broad morocco leather belt with elastic straps to buckle aronnd the hips, with concave front, so shaped as to hold up the abdomen. The Uterine Support is a cup and stem made of highly polished hard rubber very light and durable, shaped to fit the neck of the womb, with openings for the secretions to pass out; as shown by the cuts. Cups are made with extended lips to correct flexions and versions of the womb.

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The Instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexions of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases.

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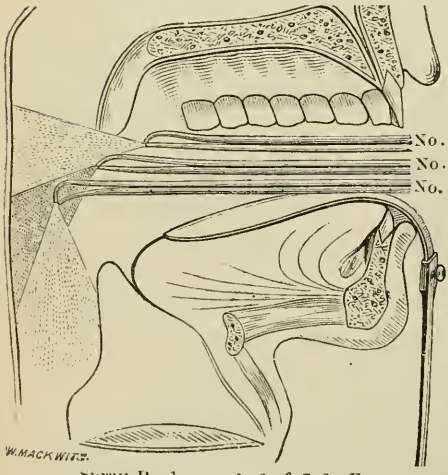

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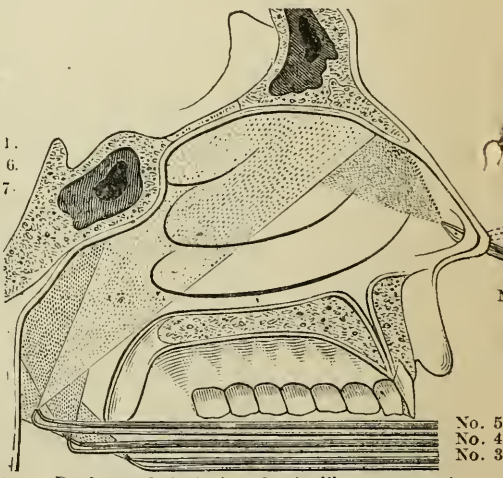

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TO THE

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ON

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A Report of the Committee Appointed by the St. Louis Medical Society, to Inquire into the "Relations of the Yellow Fever Epidemic of 1878 to the City of St. Louis,"

AND

A Report by the Chairman of the above Committee, Dr. W. Hutson Ford, of St. Louis, on the "Meteorological Conditions and Etiology of Yellow Fever," and of certain other Diseases associated with a High Temperature, and the Treatment of Yellow Fever.

Revised by the Committee on Publication.

The report of the Committee, consisting of Drs. W. Hutson Ford, Walter Wyman and F. J. Lutz, comprises a general detail of all cases of yellow fever occurring in St. Louis in 1878, with especial reference to the contagiousness of the disease, in five sections, viz.:

Section I.—A detail of all the cases of fever occurring in St. Louis, which were developed in persons coming to that city from the South.

Section II.—Cases of yellow fever treated at the Quarantine Hospital.

Section III.—Cases of yellow fever arising in St. Louis, by contagion from imported cases.

Section IV.—Cases of yellow fever, or of a disease closely simulating that affection, arising in St. Louis or its suburbs.

PART IV, to which the first three parts of this report must be regarded as *introductory*, consists in a systematic treatise on the etiology of yellow fever, based upon the weekly meteorological data of July, August, September and October, for each of the years 1874, 1875, 1876, 1877 and 1878, as procured from Washington, and upon the municipal records of Charleston, South Carolina, for thirty-eight years, being all those years whose records are obtainable between 1832 and 1878.

The subject is treated by a consideration of each of the meteorological conditions in detail, viz., the temperature; the fairness of the days; the rainfall and inundations; the humidity of the air; atmospheric currents, calms and winds; thunderstorms, atmospheric pressure, the ozonicity of the air, and the antagonism of certain diseases to yellow fever.

The guiding principles and theory of the investigation are briefly detailed in a general way in the earlier parts of the section, and each of the sub-sections fully considered in order. All statements and theoretical assumptions are illustrated and established by most extensive comparisons of figures drawn from the sources named, and never before used in the same way.

No work of this kind, as regards yellow fever, has ever been proposed or accomplished, and it must be regarded as a final settlement of the dependence of yellow fever upon combinations of meteorological conditions in the presence of sources of putrefaction. The entire mass of material is over 300 closely printed pages, is absolutely new, and the volume must find its place upon the shelves of every enlightened citizen and devotee of sanitary science. Several colored plates illustrating the matters discussed, are dispersed throughout the first part of the work, and two weather charts, also in color, as already stated, accompanying the report of Dr. Ford. In the Committee's report, the treatment of many of the cases is detailed in full, a feature which cannot fail to be of great importance to the practitioner who has not had an extensive personal experience in yellow fever. The work altogether is purely original, and deals a death blow to the doctrines of the exclusive importation of yellow fever, which have within the last year or two threatened to become so prominent.

Part V contains the theory and practice of the administration of veratrum viride in yellow fever in those cases in which it is applicable in conjunction with other therapeutical measures. The article is based upon a very extensive employment of this drug in fevers generally, and on a large scale in yellow fever. Its administration is endorsed by many of our most distinguished practitioners, and was first suggested and thoroughly applied by Dr. Ford, with the aid of Dr. Octavius A. White, now of New York City.

Section V.—A classification and summary of all cases of yellow fever occurring in St. Louis and its vicinity in 1878.

In collecting the material for their report, the committee has spared no time nor trouble, and a succinct but accurate history is given of every case. The facts collected are of the most interesting character, and must conduce very greatly towards a final settlement of many disputed points in the natural history of yellow fever, and to establish the degree of liability of cities of the middle region of the Mississippi Valley to this disease, at different periods of the warm season.

The data necessary have been obtained by personal interviews with all physicians who treated cases of yellow fever in St. Louis in 1878, with the health authorities, and by close personal inspection of every place described, or where any of the cases occurred, with cross interrogation on the spot of numerous disinterested parties cognizant of the facts. Much other interesting matter is also contained in this report.

The report of the chairman of the committee on the meteorological conditions and etiology of yellow fever, and of certain other diseases associated with a high temperature. This report is divided into five parts, as follows:

Part I consists of an analysis of the conditions of sunstroke, on the basis of a comparison of the meteorological conditions of July and August in St. Louis, in 1878, in the first of which months the memorable epidemic of sunstroke occurred, with those of the same months in ten other cities of the United States, viz., Louisville, Cairo, Memphis, Vicksburg, New Orleans, Galveston, Mobile, Charleston, Norfolk and Philadelphia.

In addition to weekly data furnished for the use of the committee by the Chief Signal Officer at Washington, D. C., the daily variations of temperature, humidity, aspect of the sky, and rainfall in St. Louis, as shown in elaborate charts, furnish the most ample material for a graphic illustration of the dependence of sunstroke upon heat and humidity combined.

Part II consists of a short exposition of the meteorological conditions of cholera sporadica in St. Louis, illustrated by a comparison of the meteorological figures of the eleven cities above named.

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SIERRA SALVIA. ("MOUNTAIN SAGE.") *Artemisia Frigida.* Fluid extract of the herb. Dose one to two fluidrachms. **Diaphoretic and diuretic.**

The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous centre, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use, the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

PERSEA. (ALLIGATOR PEAR.) Fluid extract of the seeds. Dose 30 to 60 minims. This remedy is now for the first time presented to the profession of this country. It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who, while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug, both from reports of the natives and personal experience, as a remedy in **intercostal neuralgia.** The following extract from Dr. Froehling's report will give some conception of the nature of this remedy:

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above and I cannot but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA. (ERYTHROXYLON COCA.) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **the opium and alcohol habits.** In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

We prepare Fluid Extracts of all the above drugs.

PARKE, DAVIS & CO.,

MANUFACTURING CHEMISTS, DETROIT, MICH.